
ANNEX 1: The Family Nurse Survey 2012

This annex contains:

- a brief description of the survey process
- the questionnaire
- a detailed analysis of the survey results
- a comparison of some of the survey results with data from the latest available NHS national staff survey.

Survey process

The questionnaire for the 2012 Family Nurse Survey was agreed with the FNP National Unit, after which an online version was created and tested. The survey was launched on 24 May 2012, via an email invitation to all FNs and Supervisors for whom the FNPNU had email addresses (420 in total). Supervisors were asked to pass on the invitation to any members of their team who did not receive an email. Responses were monitored and three reminder emails were sent by the FNPNU before the survey was closed on 15 June 2012, by which date 307 responses had been received.

The responses were checked for duplicates and the data entered into an SPSS file for analysis. Free text responses were grouped and coded wherever possible, to assist analysis.

The questionnaire contained some attitude statements that were identical, or very nearly identical, to those in the 2011 national NHS staff survey, which was run during the Autumn of 2011. This enabled the responses of FNs and Supervisors to be compared to those of a national sample of 'all qualified nurses and midwives', and two sub-samples of this group, namely 'health visitors' and 'midwives'.



Survey of Family Nurses 2012

Dear Family Nurse,

The Family Nursing Partnership (FNP) National Unit has commissioned the Institute for Employment Studies (IES), an independent, not for profit research organisation, to carry out a survey of Family Nurses and Supervisors.

This survey asks questions about you, your job and your views about your working life in Family Nursing. The main aim of the research is to paint a clearer picture of the Family Nurse workforce to help the FNP National Unit and participating NHS organisations to improve Family Nurses' and Supervisors' working lives and enable them to deliver an even better service. The focus is not on monitoring or compliance, but on understanding your role and your future learning and support needs, to **sustain** and **develop** the Family Nurse workforce. It really is in your interests to contribute - your views are very valuable!

Please note that your responses will **not** be used to identify you as an individual, and all the data we collect via this survey will be analysed and reported at group level only (not at individual level). Your completed questionnaire will not be seen by your supervisor/line manager or by anyone in the FNP National Unit. This means you can give us your views in complete confidence.

Please respond, to ensure your voice is heard!

If you have any questions about the survey, please contact one of the following members of the IES research team:

Dilys Robinson, 01273 763448 or dilys.robinson@employment-studies.co.uk

Linda Miller, 0207 104 2076 or linda.miller@employment-studies.co.uk

For questions about the wider study, please contact:

Sam Mason (Research and Development Lead, FNP Programme), 0207 972 4167 or Samantha.Mason@dh.gsi.gov.uk

The proposal for the 'Family Nursing Partnership: Workforce Survey' data collection has been granted ministerial approval for a one-off one year licence, and the voluntary collection of data via this survey has been approved by the Review of Central Returns Steering Committee (ROCR). The ROCR reference number is ROCR/11/2129VOLUME and the Licence Expiry Date for this Collection is 21 December 2012. The ROCR team are keen to receive feedback on central data collections from the colleagues who complete/submit returns, in particular about the length of time data collections take to complete, and any issues, suggested improvements or duplication of data collections.

Feedback can be submitted to ROCR using an online form:

<http://www.ic.nhs.uk/webfiles/Services/ROCR/Data%20Collection%20Feedback%20Template.xls>

About You

1. When did you first start working in FNP?

Month

Year.....

2. Are you: ☐ A Family Nurse (FN) ☐ A Family Nurse (FN) Supervisor

3. *(For FN Supervisors only)*

Have you been:

☐ A Supervisor from the outset of your involvement with FNP?

☐ Promoted from Family Nurse?

4. Do you work: Full time? ☐ Part time? ☐

5. *(For those who work part time only)*

How many hours per week are you contracted to work? hours

6. Do you regularly work more hours than your contract states? Yes ☐ No ☐

7. *(For those who answer 'yes' only)*

How many hours do you work in a **typical week** in excess of your contract?hours

8. *(For those who answer 'yes' only)*

Are your excess hours usually: Paid? ☐ Unpaid? ☐ A mixture of paid and unpaid? ☐

9. *(For those who answer 'unpaid' or 'a mixture' only)*

Do you get time off in lieu for unpaid excess hours?

Always ☐ Sometimes ☐ Occasionally ☐ Never ☐

10. Is your contract with your employing organisation:

Fixed term? ☐ Permanent? ☐

11. Are you on a formal secondment to FNP from your employing organisation?

Yes ☐ No ☐

12. Are you:

Female? ☐ Male? ☐

13. What was your age last birthday?Years

14. What is your ethnic group?

White Asian/Asian British Black/Black British Mixed Chinese Other

About Your Career

15. Which of the following qualifications do you hold? *(please select all that apply)*

RN Adult	<input type="checkbox"/>	Registered Midwife	<input type="checkbox"/>
RN Mental Health	<input type="checkbox"/>	Health Visitor	<input type="checkbox"/>
RN Learning Disabilities	<input type="checkbox"/>	District Nurse	<input type="checkbox"/>
RN Child	<input type="checkbox"/>	School Nurse	<input type="checkbox"/>
Other	<input type="checkbox"/>	<i>(please specify)</i>	<input type="text"/>

16. Which level of academic qualification have you achieved? *(please select highest level)*

diploma

masters degree (eg MA, MSc)

first degree (eg BA, BSc)

doctorate (PhD)

17. In what year did you **first** qualify as a nurse? year

18. What was your last job setting before you starting working in FNP?

Sure Start/children's centre	<input type="checkbox"/>	Community (school nursing)	<input type="checkbox"/>
Hospital (nursing)	<input type="checkbox"/>	Community (other nursing)	<input type="checkbox"/>
Hospital (midwifery)	<input type="checkbox"/>	Primary care	<input type="checkbox"/>
Community (midwifery)	<input type="checkbox"/>	Residential care	<input type="checkbox"/>
Community (health visiting)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>	<i>Please specify</i>	<input type="checkbox"/>

19. Who employed you in this previous job?

NHS	<input type="checkbox"/>	Independent sector	<input type="checkbox"/>
Local authority	<input type="checkbox"/>	Charity/voluntary sector	<input type="checkbox"/>
Other	<input type="checkbox"/>	<i>(please specify)</i>	<input type="checkbox"/>

20. What attracted you working in FNP?

21. Compared to this previous job, how do you rate your current role in FNP?

much better ☐ better ☐ the same ☐ worse ☐ much worse ☐

22. Why do you say this?

23. At which FNP site do you **currently** work? *(choose from drop down list in alpha order)*

**PLEASE NOTE THAT NO ANALYSIS/REPORTING WILL BE DONE AT SITE LEVEL
– we ask for 'site' so that we can analyse responses by geographic region and FNP wave.**

24. How many FNs (including Supervisor(s) and yourself but excluding admin/support staff), are in your **current** team?
25. Since you started working in FNP, have you:
always worked at your current FNP site? ☐ worked at more than one site? ☐
26. *(For those who have worked at more than one site only)*
At which other site(s) have you worked? *(choose from drop down list in alpha order)*
27. *(For those who have worked at more than one site only)*
Why did you move sites?
28. Do you receive regular supervision in your current role? Yes No
(For those who answer yes only) How often do you receive supervision?
.....
29. How would you rate the quality of your supervision overall?
Excellent ☐ Good ☐ Adequate ☐ Poor ☐
30. Do you get the administrative support you need to do your job? Yes/No
(For those who answer no only) Why do you say this?
31. So far, has your role as a Family Nurse/Supervisor met your expectations?
Yes, fully ☐ Yes, mostly ☐ Only to some extent ☐ No ☐ Too early to say ☐
Why do you say this? *(Those who have selected 'Too early to say' should not be asked this)*
32. Which of the following describes your career intentions over the next two years?
☐ work in FNP, in my current role and site
☐ work in FNP in my current role at a different site
☐ work in FNP and seek promotion
☐ leave FNP within the next year or so
☐ leave FNP as soon as I can
33. *(For those who intend to leave only)*
Why do you intend to leave FNP?
34. *(For those who intend to leave only)*
What do you intend to do after you leave FNP?

35. *(For those who intend to stay but move sites)*

Why do you want to move to a different site?

36. *(For those who intend to stay in FNP for the next two years only)*

What are your longer term career plans, beyond the next two years?

Your views about your working life

37. The following questions concern how you feel about working for FNP and about your role as an FN or FN Supervisor. There are no right or wrong answers. Please work through this section quickly and indicate how far you agree or disagree with each statement by choosing the appropriate response.

Response scale: 1 strongly disagree 2 disagree 3 neither agree nor disagree 4 agree 5 strongly agree	1	2	3	4	5
Role clarity, involvement and feedback					
I have clear, planned goals and objectives for my job					
I often have trouble working out whether I am doing well or poorly in this job					
I am involved in deciding on changes introduced that affect my work area/team					
I always know what my work responsibilities are					
I am consulted about changes that affect my work area/team					
I get clear feedback about how well I am doing my job					
Team working and colleagues					
I feel I belong to a team					
We have a set of shared objectives					
We often meet to discuss the team's effectiveness					
We have to communicate closely with each other to achieve the team's objectives					
The people I work with treat me with respect					
The people I work with seek my opinions					
I feel part of an efficient team					
I have a good working relationship with my colleagues					
My colleagues can be relied upon when things get difficult in my job					
Career development					
There are opportunities for me to progress in my job					

<i>Response scale:</i> 1 strongly disagree 2 disagree 3 neither agree nor disagree 4 agree 5 strongly agree	1	2	3	4	5
My supervisor/line manager takes staff development seriously					
My training and development needs are regularly discussed					
The FNP actively supports my continuing professional development					
My employing organisation actively supports my continuing professional development					
Day-to-day management					
My supervisor/line manager:					
...encourages those to work for her/him to work as a team					
...can be counted on to help me with a difficult task at work					
...gives me clear feedback on my work					
...asks for my opinion before making decisions that affect my work					
...is supportive in a personal crisis					
...is sensitive to work/life issues					
...supports me when things go wrong					
I have a good working relationship with my supervisor/line manager					
The FNP clinical supervision model:					
...helps me to perform well in my role					
...makes me feel supported					
...motivates me at work					
...is an improvement on performance management I have experienced in previous roles					
...helps me to cope with the emotional challenges of the role					
(For Supervisors only) In my clinical supervision role:					
...I have had appropriate training to help me supervise effectively					
...I am clear about how to conduct supervision					
...I receive good support from my line manager					
...I receive good support from the FNP National Unit					
Job satisfaction					
I am satisfied with:					

<i>Response scale:</i> 1 strongly disagree 2 disagree 3 neither agree nor disagree 4 agree 5 strongly agree	1	2	3	4	5
...the recognition I get for good work					
...the support I get from my supervisor/line manager					
...the freedom I have to choose my own method of working					
...the support I get from my work colleagues					
...the amount of responsibility I am given					
...the opportunities I have to use my skills					
...the extent to which my employing organisation values my work					
...the extent to which my employing organisation understands the work of FNs					
...my level of pay					
There is a lot of variety in my job					
I do interesting and challenging work					
I get a feeling of accomplishment from my job					
I find real enjoyment in my job					
I am seldom bored with my job					
Most days I am enthusiastic about my job					
Overall, I am satisfied with my job					
I feel that my role makes a difference to service users					
Engagement					
I speak highly of working as a Family Nurse to my friends					
I would be confident if my family or friends needed to use our services					
FNP has a good reputation					
I am proud to tell others that I am a Family Nurse/Supervisor					
Working as a Family Nurse really inspires the very best in me in the way of job performance					
I find that my values and FNP's are very similar					
I try to help my team members whenever I can					
I try to help colleagues outside the team whenever I can					
I try to keep abreast of current developments in my area					

<i>Response scale:</i> 1 strongly disagree 2 disagree 3 neither agree nor disagree 4 agree 5 strongly agree	1	2	3	4	5
I frequently make suggestions to improve the service we offer					
I can make suggestions to improve the work of my team					
There are opportunities for me to show initiative in my role					
I am able to make improvements happen in my area of work					
Care of service users is FNP's top priority					
I would recommend FNP as an area to work in					
I look forward to going to work					
I am enthusiastic about my job					
Time passes quickly when I am working					
I often do more than is required					
I am able to do my job to a standard I am personally pleased with					
My employing organisation is prepared to be flexible to help us deliver the FNP Programme					
Feeling valued					
I am trusted to do my job					
My employing organisation values the work I do in FNP					
My employing organisation is concerned about my health and well-being					
I feel able to voice my ideas and opinions within my team					
The FNP National Unit is receptive to good suggestions from FNs/Supervisors					
The FNP National Unit communicates effectively with us					
Work pressure					
I cannot meet all the conflicting demands on my time at work					
I have adequate materials, supplies and equipment to do my job					
There are enough staff here for me to do my job properly					
I do not have time to carry out all my work					
I often feel I am under too much work pressure					
I have felt under constant strain recently					
I feel emotionally drained by my work					

<i>Response scale:</i> <i>1 strongly disagree 2 disagree 3 neither agree nor disagree 4 agree 5 strongly agree</i>	1	2	3	4	5
I feel burned out by my work					
I am confident in my ability to cope with work pressure					
Role understanding					
The aims of FNP are not clearly understood within health and social care generally					
The aims of FNP are not clearly understood within Children's Services					
I would not want to return to my former role after working as a Family Nurse					
Healthcare professionals outside FNP do not respect Family Nursing as an area of work					
My organisation has a clear understanding of the aims of FNP					
Children's Services appreciate the work we do in FNP					
I would find it difficult to return to mainstream healthcare because my experience as a Family Nurse/Supervisor would not be valued					
My role as a Family Nurse/Supervisor has not matched my expectations					
My skills are not utilised as effectively as they could be within my role					
I feel certain about how much authority I have as a Family Nurse/Supervisor					
I have clear, planned objectives for my job					
I am able to divide my time properly between my various responsibilities and tasks					
I know what my responsibilities are					
I know exactly what is expected of me in my role					
I receive clear explanations of what has to be done					
Training					
The specialist FN training I have received has prepared me well for my role					
I have good access to continuing learning and development opportunities					
The continuing learning and development available to me is helping/will help me to improve my practice					
Work-life balance					
My employing organisation is committed to helping staff balance their work and home life					
My supervisor/line manager helps me find a good work-life balance					

<i>Response scale:</i> 1 strongly disagree 2 disagree 3 neither agree nor disagree 4 agree 5 strongly agree	1	2	3	4	5
I can approach my supervisor/line manager to talk openly about flexible working					
I am satisfied with my work-life balance					

Health and well-being

38. In the past 12 months (or since you joined FNP if this was less than 12 months ago), how many days sickness absence have you had? **Please note we are asking this question to make comparisons with other professions, NOT to monitor your sickness absence as an individual**

days

39. Overall, how would you rate your health generally?

excellent ☐ very good ☐ good ☐ fair ☐ poor ☐ very poor ☐

40. To what extent do you agree or disagree with the following statements?

<i>Response scale:</i> 1 strongly disagree 2 disagree 3 neither agree nor disagree 4 agree 5 strongly agree	1	2	3	4	5
In general, my job is good for my health					
My supervisor/line manager takes a positive interest in my health and well-being					

Your overall views

41. What are the best things about working in FNP?

a.

b.

c.

42. What, if anything, would most improve the quality of your working life?

a.

b.

c.

43. What do you think are the biggest challenges to being a Family Nurse?

a.

b.

c.

44. Compared to previous roles you have had within healthcare, what is better about working in FNP?

45. Compared to being in FNP, what is better about working in mainstream healthcare?

Pen Pictures

We would like to interview a small number of Family Nurses/Supervisors to find out more about your role and day-to-day working life. If you would be prepared to take part in a telephone interview with an IES researcher, lasting about 30 minutes, please give us your contact details below. Note that these details will **not** be used to link you to any of your responses to the questions in this survey. Thank you!

Name

Contact telephone number

Email address.....

Thank you very much for taking part in this survey

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Family Nurse Partnership Survey: Findings

1.1 Profile of respondents

The Family Nurse Partnership Survey received 307 responses in total, representing a response rate of 73 per cent. Of this total, 76.2 per cent were Family Nurses (FNs) and 23.8 per cent were Family Nurse Supervisors (see Table A.1). Only one respondent was identified as male, although eight respondents did not provide information on their gender (see Table A.2)

Table A 1: Job role of respondents

Job held	No.	%
A Family Nurse (FN)	234	76.2
A Supervisor	73	23.8
All	307	100.0

Table A 2: Gender breakdown

		Female	Male	Unanswered
FN	No.	229	0	5
	%	100.0	0.0	2.1
Supervisor	No.	69	1	3
	%	98.6	1.4	4.1
All	No.	298	1	8
	%	97.1	.3	2.6

The majority of respondents work full-time. A higher proportion of Supervisors are on full-time contracts (nine-in-ten), compared with over four-fifths (84.2%) of FNs (see Table A.3). Over three quarters of respondents (76.5%) are working on

permanent contracts, but a higher proportion of FNs are employed on fixed-term contracts (23.5%), compared to Supervisors (12.3%) (see Table A.4)

Table A 3: Full-time or part-time

		Full-time	Part-time	Unanswered
FN	No.	197	36	1
	%	84.2	15.4	0.3
Supervisor	No.	66	7	0
	%	90.4	9.6	0.0
All	No.	263	43	1
	%	85.7	14.0	0.3

Table A 4: Type of contract with employing organisation

		Fixed term	Permanent	Unanswered
FN	No.	55	174	5
	%	23.5	74.4	2.1
Supervisor	No.	9	61	3
	%	12.3	83.6	4.1
Total	No.	64	235	8
	%	20.8	76.5	2.6

The average age of respondents, at the time of responding to the survey, was 46.78 years. The average age of Supervisors (49.14 years), was slightly older than FNs, at 46.07 years.

The ethnic group of the vast majority of the survey respondents is White at 93.2 per cent. Only 4.6 per cent of respondents are from minority ethnic groups. There is little difference between the ethnic group split between FNs and Supervisors.

Table A 5: Ethnic group of respondents

		White	Non-white	Unanswered
FN	No.	219	11	4
	%	93.6	4.7	1.7
Supervisor	No.	67	3	3
	%	91.8	4.1	4.1
All	No.	286	14	7
	%	93.2	4.6	2.3

Almost a quarter of respondents started working in FNP in 2009 (24.8%) and a similar proportion began in 2011 (24.1%) (Table A.6).

Table A 6: Year respondents started working in FNP

Year	No.	%
2007	27	8.8
2008	33	10.7
2009	76	24.8
2010	45	14.7
2011	74	24.1
2012	47	15.3
Unanswered	5	1.6

Table A 7: Respondents by wave

Wave	FNs		Supervisors		All	
	No.	%	No.	%	No.	%
1	30	12.8	9	12.3	39	12.7
2a	33	14.1	9	12.3	42	13.7
2b	33	14.1	8	11.0	41	13.4
3a	24	10.3	9	12.3	33	10.7
3b	24	10.3	8	11.0	32	10.4
4	14	6.0	4	5.5	18	5.9
5a	39	16.7	13	17.8	52	16.9
5b	18	7.7	4	5.5	22	7.2
Not given	19	8.1	9	12.3	28	9.1
Total	234	100.0	73	100.0	307	100.0

1.2 Qualifications and experience

Over two-thirds of respondents (68.4%) have over 20 years experience post-qualification, although we do not know if any career breaks were taken by respondents during this time. Compared with FNs, a greater proportion of Supervisors have at least 20 years experience post qualification, but the difference is fairly marginal (5.5%) (see Table A.8).

Table A 8: Years of experience as a nurse post qualification

Qualified for at least 20 years		
FN	No.	157
	%	67.1
Supervisor	No.	53
	%	72.6
All	No.	210
	%	68.4

Almost three-quarters of FNs (70.1 per cent) hold a first degree and just over one in ten (12%) hold a higher qualification. Among the Supervisors, almost half hold a Masters degree or higher (48%) and about a third (32.9%) hold only a first degree (see Table A.9).

Most commonly both Family Nurses and Supervisors hold the 'RN Adult' qualification (73%); followed by the 'Health Visitor' qualification (69.9%), and then 'Registered Midwife' (44.6%) (see Table A.10).

Table A 9: Level of academic qualification

		Diploma	First degree (eg BA, BSc)	Masters degree (eg MA, MSc) or higher (eg PhD)	Unanswered
FN	No.	34	164	28	8
	%	14.5	70.1	12.0	3.4
Supervisor	No.	6	24	35	8
	%	8.2	32.9	48.0	10.9
All	No.	40	188	63	16
	%	13.0	61.2	20.5	5.2

Table A 10: Qualifications held by respondent

		RN Adult	RN Mental Health	RN Learning Disabilities	RN Child	Registered Midwife	Health Visitor	District Nurse	School Nurse	Other
FN	No.	164	9	1	46	96	153	5	18	30
	%	71.6	3.9	0.4	20.1	41.9	66.8	2.2	7.9	13.1
Supervisor	No.	52	1	0	12	36	54	1	3	5
	%	77.6	1.5	0.0	17.9	53.7	80.6	1.5	4.5	7.5
All	No.	216	10	1	58	132	207	6	21	35
	%	73.0	3.4	0.3	19.6	44.6	69.9	2.0	7.1	11.8

1.3 Respondents' careers

Table A 11: What attracted Family Nurses and Family Nurse Supervisors to FNP

	FNs		Supervisors	
	No.	% of responses	No.	% of responses
Making a difference	74	18.0	24	18.3
Client/patient base	92	22.4	15	11.5
Continuity of care/structured programme	85	20.7	7	5.3
Ethos and principles of FNP	66	16.1	39	29.8
Job satisfaction	14	3.4	3	2.3
Job content/role	36	8.8	23	17.6
Career progression/development	6	1.5	6	4.6
New challenge	14	3.4	4	3.1
Training/learning	15	3.6	3	2.3
Supervision	6	1.5	3	2.3
Autonomy	2	0.5	0	0.0
Other comments/not relevant	1	0.2	0	0.0

Table A 12 Where worked since starting in FNP

	FN		Supervisor	
	No.	%	No.	%
Always worked at current FNP site	212	90.59	62	84.93
Worked at more than one site	3	1.28	2	2.74

Table A 13: Moved sites and reasons why

Reason for move	
FN	<p>Worked full time over two sites and had the opportunity to work full time at one site</p> <p>Lack of quality supervision; large amount of mileage; lack of work life balance; not getting home until 7pm several times a week; lack of team work</p> <p>Change of role from Supervisor to Family Nurse</p>
Supervisor	To commence a Supervisor role

Table A 14: Last job setting before FNP

		Sure Start/ children's centre	Hospital (nursing)	Hospital (midwifery)	Community (midwifery)	Community (health visiting)	Community (school nursing)	Community (other nursing)	Primary care	Residential Care	Other	Unanswered
FN	No.	18	3	7	29	126	16	11	2	0	16	6
	%	7.7	1.3	3.0	12.4	53.8	6.8	4.7	0.9	0.0	6.8	2.6
Supervisor	No.	9	0	2	4	29	0	9	4	0	10	6
	%	12.3	0.0	2.7	5.5	39.7	0.0	12.3	5.5	0.0	13.7	8.2
All	No.	27	3	9	33	155	16	20	6	0	26	12
	%	8.8	1.0	2.9	10.7	50.5	5.2	6.5	2.0	0.0	8.5	3.9

Table A 15: What attracted Family Nurses to FNP and how they rate their current role

Family Nurses	Rate current role in FNP compared to previous job											
	Much better		Better		The same		Worse		Much worse		All	
What attracted you to working in FNP?	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Making a difference	42	59.2	23	32.4	5	7.0	0	0.0	1	1.4	71	33.5
Client/patient base	51	60.7	27	32.1	5	6.0	1	1.2	0	0.0	84	39.6
Continuity of care/structured programme	39	50.0	33	42.3	3	3.8	2	2.6	1	1.3	78	36.8
Ethos and principles of FNP	43	68.3	10	15.9	8	12.7	2	3.2	0	0.0	63	29.7
Job satisfaction	10	71.4	4	28.6	0	0.0	0	0.0	0	0.0	14	6.6
Job content/role	18	51.4	13	37.1	2	5.7	2	5.7	0	0.0	35	16.5
Career progression/development	1	25.0	1	25.0	1	25.0	1	25.0	0	0.0	4	1.9
New challenge	3	21.4	9	64.3	2	14.3	0	0.0	0	0.0	14	6.6
Training/learning	7	50.0	7	50.0	0	0.0	0	0.0	0	0.0	14	6.6
Supervision	2	33.3	4	66.7	0	0.0	0	0.0	0	0.0	6	2.8
Autonomy	0	0.0	1	100.0	0	0.0	0	0.0	0	0.0	1	0.5
Other comments/ not relevant	0	0.0	1	100.0	0	0.0	0	0.0	0	0.0	1	0.5
Total	116		72		17		6		1		212	100.0

Table A 16: What attracted Family Nurse Supervisors to FNP and how they rate their current role

Supervisors	Rate current role in FNP compared to previous job									
	Much better		Better		The same		Worse		All	
What attracted you to working in FNP?	No.	%	No.	%	No.	%	No.	%	No.	%
Making a difference	16	72.7	4	18.2	1	4.5	1	4.5	22	34.9
Client/patient base	10	66.7	5	33.3	0	0.0	0	0.0	15	23.8
Continuity of care/structured programme	5	71.4	1	14.3	1	14.3	0	0.0	7	11.1
Ethos and principles of FNP	25	67.6	9	24.3	1	2.7	2	5.4	37	58.7
Job satisfaction	2	66.7	1	33.3	0	0.0	0	0.0	3	4.8
Job content/role	13	56.5	9	39.1	1	4.3	0	0.0	23	36.5
Career progression/development	2	33.3	1	16.7	3	50.0	0	0.0	6	9.5
New challenge	1	25.0	2	50.0	1	25.0	0	0.0	4	6.3
Training/learning	2	66.7	0	0.0	0	0.0	1	33.3	3	4.8
Specialists/skill mix/team work	2	50.0	2	50.0	0	0.0	0	0.0	4	6.3
Supervision	2	66.7	1	33.3	0	0.0	0	0.0	3	4.8
Total	40		17		4		2		63	100.0

Overall, over 80 per cent of respondents rated their current role in FNP as 'better' or 'much better' than their previous job. The majority of these (51.8%) rated their current role as 'much better'. Only around three per cent of the whole sample stated their current role was 'worse' or 'much worse' (Table A.17).

Table A 17: Current role rating compared to previous job

		Much better	Better	The same	Worse/ Much worse	Unanswered
FN	No.	119	74	18	7	16
	%	50.9	31.6	7.6	3.0	6.8
Supervisor	No.	40	18	4	2	9
	%	54.8	24.7	5.5	2.7	12.3
All	No.	159	92	22	9	25
	%	51.8	30.0	7.2	2.9	8.1

Table A 18: Reasons for rating of role in FNP compared to previous job

	FNs		Supervisors	
	No.	% of responses	No.	% of responses
Positive - General	14	2.8	6	3.9
Making a difference	33	6.7	10	6.5
Better client relationships/ enjoy specific client group	104	21.1	7	4.6
Better supervision/good manager	58	11.8	22	14.4
The FNP programme/FN role	52	10.5	26	17.0
Increased job satisfaction	40	8.1	15	9.8
Challenging work/caseload	26	5.3	13	8.5
Better training/professional development	59	12.0	25	16.3
Good resources/tools	9	1.8	1	0.7
Working environment	1	0.2	1	0.7
Better work/life balance	9	1.8	0	0.0
Colleagues/teamwork/support from other professionals	35	7.1	13	8.5
Better job security	1	0.2	0	0.0
Autonomy	5	1.0	2	1.3
Better pay/grade	2	0.4	1	0.7
Negative - General	3	0.6	0	0.0
Lack of supervision/poor managers	3	0.6	1	0.7
Role is too demanding/ stressful/unrealistic expectations	15	3.0	2	1.3

	FNs		Supervisors	
	No.	% of responses	No.	% of responses
Poor career progression/development	1	0.2	0	0.0
Lack of training/too much training	1	0.2	0	0.0
Poor work/life balance	11	2.2	0	0.0
Lack of teamwork/spirit	1	0.2	1	0.7
Less/lack of autonomy	3	0.6	0	0.0
Both roles are good	2	0.4	6	3.9
Too early to say	2	0.4	0	0.0
Adjusting to the role	1	0.2	0	0.0
Other comments/not relevant	2	0.4	1	0.7

Table A 19: Reasons for rating of role in FNP compared to previous job, analysed by whether job is better, the same, or worse

Family Nurses	Much better		Better		The same		Worse		Much worse		All	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Positive - General	7	6.0	5	6.8	2	12.5	0	0.0	0	0.0	14	6.6
Making a difference	25	21.6	7	9.6	1	6.2	0	0.0	0	0.0	33	15.6
Better client relationships/ enjoy specific client group	68	58.6	34	46.6	2	12.5	0	0.0	0	0.0	104	49.1
Better supervision/good manager	41	35.3	17	23.3	0	0.0	0	0.0	0	0.0	58	27.4
The FNP programme/FN role	34	29.3	15	20.5	3	18.8	0	0.0	0	0.0	52	24.5
Increased job satisfaction	29	25.0	11	15.1	0	0.0	0	0.0	0	0.0	40	18.9
Challenging work/caseload	13	11.2	12	16.4	1	6.2	0	0.0	0	0.0	26	12.3
Better training/professional development	36	31.0	22	30.1	1	6.2	0	0.0	0	0.0	59	27.8
Good resources/tools	4	3.4	5	6.8	0	0.0	0	0.0	0	0.0	9	4.2
Working environment	0	0.0	1	1.4	0	0.0	0	0.0	0	0.0	1	0.5
Better work/life balance	5	4.3	4	5.5	0	0.0	0	0.0	0	0.0	9	4.2
Colleagues/teamwork/support from other professionals	25	21.6	10	13.7	0	0.0	0	0.0	0	0.0	35	16.5
Better job security	1	0.9	0	0.0	0	0.0	0	0.0	0	0.0	1	0.5
Autonomy	4	3.4	1	1.4	0	0.0	0	0.0	0	0.0	5	2.4
Better pay/grade	1	0.9	1	1.4	0	0.0	0	0.0	0	0.0	2	0.9
Negative - General	1	0.9	0	0.0	2	12.5	0	0.0	0	0.0	3	1.4
Lack of supervision/poor managers	0	0.0	0	0.0	1	6.2	1	16.7	1	100.0	3	1.4
Role is too demanding/ stressful/unrealistic expectations	2	1.7	6	8.2	5	31.2	2	33.3	0	0.0	15	7.1
Poor career progression/ development	0	0.0	0	0.0	0	0.0	1	16.7	0	0.0	1	0.5

Family Nurses	Much better		Better		The same		Worse		Much worse		All	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Lack of training/too much training	0	0.0	1	1.4	0	0.0	0	0.0	0	0.0	1	0.5
Poor work/life balance	0	0.0	1	1.4	6	37.5	4	66.7	0	0.0	11	5.2
Lack of teamwork/spirit	0	0.0	0	0.0	1	6.2	0	0.0	0	0.0	1	0.5
Less/lack of autonomy	0	0.0	1	1.4	1	6.2	0	0.0	1	100.0	3	1.4
Both roles are good	0	0.0	0	0.0	2	12.5	0	0.0	0	0.0	2	0.9
Too early to say	0	0.0	2	2.7	0	0.0	0	0.0	0	0.0	2	0.9
Adjusting to the role	0	0.0	1	1.4	0	0.0	0	0.0	0	0.0	1	0.5
Other comments/not relevant	1	0.9	1	1.4	0	0.0	0	0.0	0	0.0	2	0.9
Total	116		73		16		6		1		212	100.0

Table A 20: Reasons for rating of role in FNP compared to previous job, analysed by whether job is better, the same, or worse

Supervisors	Much better		Better		The same		Worse		All	
	No.	%	No.	%	No.	%	No.	%	No.	%
Positive - General	3	7.7	1	5.9	2	50.0	0	0.0	6	9.7
Making a difference	9	23.1	1	5.9	0	0.0	0	0.0	10	16.1
Better client relationships/ enjoy specific client group	7	17.9	0	0.0	0	0.0	0	0.0	7	11.3
Better supervision/good manager	17	43.6	5	29.4	0	0.0	0	0.0	22	35.5
The FNP programme/FN role	21	53.8	4	23.5	1	25.0	0	0.0	26	41.9
Increased job satisfaction	9	23.1	6	35.3	0	0.0	0	0.0	15	24.2
Challenging work/caseload	7	17.9	4	23.5	2	50.0	0	0.0	13	21.0
Better training/professional development	19	48.7	6	35.3	0	0.0	0	0.0	25	40.3
Good resources/tools	1	2.6	0	0.0	0	0.0	0	0.0	1	1.6
Working environment	1	2.6	0	0.0	0	0.0	0	0.0	1	1.6
Colleagues/teamwork/support from other professionals	10	25.6	3	17.6	0	0.0	0	0.0	13	21.0
Autonomy	0	0.0	2	11.8	0	0.0	0	0.0	2	3.2
Better pay/grade	0	0.0	0	0.0	1	25.0	0	0.0	1	1.6
Lack of supervision/poor managers	0	0.0	0	0.0	0	0.0	1	50.0	1	1.6
Role is too demanding/ stressful/unrealistic expectations	0	0.0	0	0.0	2	50.0	0	0.0	2	3.2
Lack of teamwork/spirit	0	0.0	0	0.0	0	.0	1	50.0	1	1.6
Both roles are good	2	5.1	3	17.6	1	25.0	0	0.0	6	9.7
Other comments/not relevant	1	2.6	0	0.0	0	0.0	0	0.0	1	1.6
Total	39		17		4		2		62	100.0

Of the FNs stating their current role is worse/much worse, some 43 per cent (three FNs) intend on leaving FNP within the next year or so and one FN intends on leaving as soon as she can. Their reasons for wanting to leave are:

- No longer wishing to work full-time.
- High levels of intense working over prolonged periods hard to sustain.
- Lower job satisfaction than expected.
- Feeling that the role is not beneficial to her career progression and high stress levels compared to previous jobs.

All FNs and Supervisors rating the job as worse/much worse than their previous roles are currently based at different sites. Two respondents are from Wave 2b; one from Wave 2a; two from Wave 3a; two from Wave 3b; one is from Wave 1; and one is from Wave 4.

The following characteristics of these individuals are described; however, they have relatively low internal consistency (0.647, where a score of 0.7 or higher is desirable) based on Cronbach's alpha.

- The job has met the expectations of the FNs stating their job is worse/much worse, despite their intentions to leave FNP. Half of these FNs stated the job has 'fully' met their expectations and half said it has 'mostly' met their expectation.
- Of the two Supervisors stating the role is 'worse' than their previous job, only one supplied her career intention over the next two years and this intention is to work in FNP and seek promotion. For this individual the job has fully met her expectations and for the other Supervisor the job has 'mostly' met her expectations.
- The Supervisors rating their current job as worse or much worse stated the quality of their supervision was 'excellent' or 'good', however, lower ratings were given by the FNs rating their current job as worse/much worse; two FNs stated the quality of supervision is 'poor'; two rated it as 'adequate'; two rated it as 'good' and one stated that it is 'excellent'.

The vast majority of both FNs and Supervisors reported that they receive regular supervision, with almost 90 per cent of FNs stating they do, compared with about 80 per cent of Supervisors (Table A.21). There was less satisfaction with the level of administrative support received, with less than two-thirds (64.5% of respondents) stating that they get the administrative support they need to do their job.

Table A 21: Regular supervision received

		Yes	No	Unanswered
FN	No.	210	2	22
	%	89.7	0.9	9.4
Supervisor	No.	59	5	9
	%	80.8	6.8	12.3
All	No.	269	7	31
	%	87.6	2.3	10.1

Table A 22: How often supervision is received

	FNs		Supervisors	
	No.	%	No.	%
Weekly or more frequently	182	86.7	0	0.0
Fortnightly	25	11.9	5	8.6
Monthly	1	0.5	33	56.9
Six weekly or less frequently	2	1.0	3	5.2
Other/variety i.e. other professionals/ comments	14	6.7	25	43.1

Table A 23: How often supervision is received and quality of supervision

How rate quality of supervision		How often supervision is received					
			Weekly or more frequently	Fortnightly	Monthly	Six weekly or less frequently	Other/ variety
FNs	Excellent	No.	90	6	0	0	8
		%	86.5	5.8	0.0	0.0	7.7
	Good	No.	68	10	0	2	4
		%	81.0	11.9	0.0	2.4	4.8
	Adequate	No.	17	7	1	0	1
		%	65.4	26.9	3.8	0.0	3.8
	Poor	No.	7	1	0	0	1
		%	77.8	11.1	0.0	0.0	11.1
Supervisors	Excellent	No.		3	13	1	10
		%		11.1	48.1	3.7	37.0
	Good	No.		2	17	2	13
		%		5.9	50.0	5.9	38.2
	Adequate	No.		0	3	0	2
		%		0.0	60.0	0.0	40.0

A slightly higher proportion of FNs (26.5%) than Supervisors (21.9%) reported they lacked the administrative support they needed (Table A.24).

Table A 24: Receive the administrative support needed to do the job

		Yes	No	Unanswered
FNs	No.	150	62	22
	%	64.1	26.5	9.4
Supervisors	No.	48	16	9
	%	65.8	21.9	12.3
All	No.	198	78	31
	%	64.5	25.4	10.1

Table A 25: Reasons why sufficient admin support is not given

Reason	Examples	FNs		Supervisors	
		No.	%	No.	%
Availability and quantity	Based at different location/cover large area/have very high workload and already pressurised/part-time, too few hours available/staff shortage, recruitment issues/high levels of sickness/no one in the role	47	77.05	10	62.50
Role and quality	Need more support with filing, typing, preparing materials and visit packs and planning visits/support supervisors rather than FNs/inefficient and unorganised/don't have relevant knowledge of FN role/have to wait too long ie a five day request system	8	13.11	4	25.0
FNs do own admin	Expected to do own typing/filing/pack preparation/ planning of visits	4	6.56	1	6.25
Other comments/not relevant		2	3.28	1	6.25

Almost four-fifths of respondents stated that their role as an FN/Supervisor had mostly or fully met their expectations. A higher proportion of Supervisors (45.2%) stated their role had met their expectations fully, compared to FNs (35.5%). About one-in-ten FNs (11.1%) stated that their role had met expectations 'only to some extent'; which was a higher proportion compared with Supervisors (2.7%) (Table A.26).

Table A 26: Whether Family Nurse/Supervisor role has met expectations

Met expectations	FNs			Supervisors		
	No.	%	Valid %	No.	%	Valid %
Yes, fully	83	35.5	39.3	33	45.2	51.6
Yes, mostly	99	42.3	46.9	28	38.4	43.8
Only to some extent	26	11.1	12.3	2	2.7	3.1
Too early to say	3	1.3	1.4	1	1.4	1.6
All	211	90.2	100.0	64	87.7	100.0
Unanswered	23	9.8	-	9	12.3	-

Table A 27: Reasons why role has/has not met expectations

	FNs		Supervisors	
	No.	%	No.	%
Positive - General	33	10.3	7	7.0
Making a difference	21	6.5	7	7.0
Better client relationships/ enjoy specific client group	35	10.9	3	3.0
Better supervision/good manager	26	8.1	11	11.0
The FNP programme/FN role	15	4.7	10	10.0
Increased job satisfaction	15	4.7	6	6.0
Challenging work/caseload	16	5.0	14	14.0
Better training/professional development	37	11.5	18	18.0
Good resources/tools	11	3.4	-	-
Colleagues/teamwork/support from other professionals	10	3.1	5	5.0
Negative - General	2	0.6	1	1.0
Lack of supervision/poor managers	6	1.9	1	1.0
Clients	9	2.8	-	-
Role is too demanding/ stressful/unrealistic expectations	40	12.5	6	6.0
Poor career progression/ development	1	0.3	-	-
Lack of training/too much training	7	2.2	1	1.0
FN not recognised profession	4	1.2	-	-
Poor work/life balance	7	2.2	-	-
Lack of teamwork/spirit	3	0.9	3	3.0
Pay/banding issues	1	0.3	1	1.0
Less/lack of autonomy	1	0.3	-	-
Too early to say	11	3.4	1	1.0
Adjusting to the role	2	0.6	1	1.0

	FNs		Supervisors	
	No.	%	No.	%
Other comments/not relevant	8	2.5	2	2.0

1.4 Career intentions

The majority of respondents (62%) intend to continue working in their current role and FNP site over the next two years; with similar proportions of FNs and Supervisors intending to remain in their role in the same site. Almost one-in-five (17.1%) FNs intend on seeking promotion in FNP over the next two years; and about one-in-ten (11% Supervisors also stated they will seek promotion in FNP.

Almost one-in-ten Supervisors (9.6%) also intend on leaving FNP within the next year, which is a higher proportion than among the FNs (6.4%) (Table A.28).

Table A 28: Career intentions over next two years

	FNs		Supervisors		All	
	No.	%	No.	%	No.	%
Work in FNP, in my current role and site	147	62.80	44	60.30	191	62.20
Work in FNP in my current role at a different site	6	2.60	1	1.40	7	2.30
Work in FNP and seek promotion	40	17.10	8	11.00	48	15.60
Leave FNP within the next year or so	15	6.40	7	9.60	22	7.20
Leave FNP as soon as I can	3	1.30	3	4.10	6	1.00
Unanswered	23	9.80	10	13.70	33	10.70

Table A 29: Reasons for wanting to move to a different site

Family Nurses	Family Nurse Supervisors
<ul style="list-style-type: none"> ■ Closer to home to reduce my travelling time. ■ Less travel, hope to work part time. ■ Not sure if I wish to stay or look elsewhere over next two years depends on working conditions. If I do move it'll be because it's nearer to home-improved working conditions. ■ Due to the reception from the supervisor on the first day we started and from then on intermittently. I am left not feeling as part of the team. My contributions are not always acknowledged and when I try to talk about my feelings during supervision I am left feeling that it's a waste of time as nothing is resolved. Most times I bear it and say nothing in the hope that it will get better. ■ Since I joined there has only been myself, another colleague and my supervisor. We have recruited two new nurses but we don't know when they will start. My other colleague has been on sick leave for around four to five weeks and we don't know when she is back. This leaves at the moment, myself and my supervisor. I would like to be nearer to home so that I have a better work/ life balance and reduce my contracted hours to 30 hours over three days if possible so I can concentrate on my PhD. ■ To compare FNP in a different location. I may move to N. Ireland in next two years. 	<ul style="list-style-type: none"> ■ I feel I have successfully embedded the programme within our area and the team is well recognised and respected as experts in their role. I would like the challenge of setting up a new site, perhaps county wide for my own personal growth, but also to give a family nurse the opportunity of progressing into the supervisor role.

Table A 30: Longer term career plans, beyond the next two years

	FNs		Supervisors	
	No.	%	No.	%
Continue in FNP	81	38.8	18	34.0
Promotion/progression within FNP	58	27.8	10	18.9
Leave FNP for alternative role	11	5.3	3	5.7
Change work patterns	17	8.1	4	7.5
Further education	8	3.8	3	5.7
Not sure/don't know	29	13.9	14	26.4
Retire/leave the profession	5	2.4	1	1.9

Table A 31: Longer term career plans, beyond next two years and rating of current role compared to previous job

	FNs								Supervisors							
	Rating of current role compared to previous job								Rating of current role compared to previous job							
	Much better		Better		The same		Worse		Much better		Better		The same		Worse	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Continue in FNP	56	53.3	22	36.1	3	25.0	0	0.0	16	50.0	2	14.3	0	0.0	0	0.0
Promotion/progression within FNP	34	32.4	22	36.1	1	8.3	1	33.3	8	25.0	2	14.3	0	0.0	0	0.0
Leave FNP for alternative role	5	4.8	4	6.6	2	16.7	0	0.0	0	0.0	1	7.1	1	100.0	1	100.0
Change work patterns	5	4.8	11	18.0	0	0.0	1	33.3	4	12.5	0	0.0	0	0.0	0	0.0
Further education	3	2.9	4	6.6	0	0.0	1	33.3	3	9.4	0	0.0	0	0.0	0	0.0
Not sure/don't know	11	10.5	11	18.0	6	50.0	1	33.3	5	15.6	9	64.3	0	0.0	0	0.0
Retire/leave the profession	4	3.8	1	1.6	0	0.0	0	0.0	1	3.1	0	0.0	0	0.0	0	0.0
Total	105		61		12		3		32		14		1		1	

Table A 32: Reasons for intention to leave FNP and whether role has met expectations**Family Nurses whether role has met expectations****Yes, mostly**

Demands of the client group.
 Intense working over prolonged period hard to sustain.
 Inability to do role part-time as desired.
 Soon approaching retirement.
 Has applied for new job in a previous role.
 Preference for more community-focussed work.
 Retirement and seek part-time work.
 Limited career opportunities within FNP.

Only to some extent

Unable to perform role indefinitely due to the emotional stress.
 High levels of stress not recognised by management.
 Unhappy in role and perception that role is not beneficial to career progression. Stress levels in role higher than ever before experienced. Role does not reflect areas of greatest personal interest.
 No longer wish to work full-time.
 Role demand too high. Lack of skill development opportunities in context of changing and expanding programmes.
 Retirement plans and personal drain of job.
 Low job satisfaction.
 Personal doubt over effectiveness.

Too early to say

Preference for clinical midwifery.

Table A 33: Reasons for intention to leave FNP and how rate current role compared to previous job**Family Nurses rating of current role compared to previous job****Much better**

Approaching retirement.

Better

Demands of the client group.
 Unable to perform role indefinitely due to the emotional stress.
 Inability to do role part-time as desired.
 Retirement plans and personal drain of job.
 Retirement and seek part-time work.
 Prefer clinical midwifery.
 Personal doubt over effectiveness.

The same

High levels of stress not recognised by management.

Role demand too high. Lack of skill development opportunities in context of changing and expanding programmes.

Have applied for new job in a previous role.

Preference for more community-focussed work.

Limited career opportunities within FNP.

Worse

No longer wish to work full-time.

Low job satisfaction.

Intensive working over prolonged period hard to sustain.

Much worse

Unhappy in role and perception that role is not beneficial to career progression. Stress levels in role higher than ever before experienced. Role does not reflect areas of greatest personal interest.

Table A 34: Reasons for intention to leave FNP and whether role has met expectations

Supervisors whether the role has met expectations

Yes, fully

Move towards retirement and reduction in hours

Retirement

Limited opportunities for career progression

Limited opportunities for career progression.

Retirement

Yes, mostly

Seeking a new challenge

Seeking new challenge and greater responsibilities

To specialise working in public health or move into another leadership role

Only to some extent

Stressful job and impact on work/life balance due to additional hours worked

Table A 35: Reasons for intention to leave FNP and how rate current role compared to previous job**Supervisors how rate current role compared to previous job****Much better**

Retirement

Limited opportunities for career progression

Limited opportunities for career progression

Retirement

Retirement and reduction in hours

Better

Stressful job and impact on work/life balance due to additional hours worked

To specialise working in public health or move into another leadership role

Seeking new challenge and greater responsibilities

The same

Seeking a new challenge

Table A 36: Plans after leaving FNP**Family Nurses**

- Further training
- Change to health visiting
- Three month placement as a volunteer in Malawi.
- Would like to work part-time as a family nurse later in 2013 - "But part time working does not seem to be encouraged in the FNP. I think they lose a lot of good potential nurses because of this."
- Start own business
- Practice Teaching.
- Pursue other interests; travel
- Return to health visiting
- Return to midwifery role
- Return to working within Youth Offending Services or Forensic Mental Health Services - to have a post which allows for more strategic and managerial responsibility to develop skills and progress career.
- Work in the voluntary sector or as a Health Visitor
- Unsure but will stay in the NHS for next two years
- Unsure but would like to do more counselling

Family Nurse Supervisors

- Another leadership role in public health
- Move back into part time Community practice teaching and health visiting
- Enjoy my grandchildren and put into practice all I've learnt from FNP
- Hope to continue working with young people, possibly family planning & sexual health. Something with less responsibility.
- No definite plans but I would be keen to apply for project management roles in my employing organisation or wider NHS organisations
- Retirement
- Senior manager in NHS
- Support my family, hopefully by then I will have grandchildren and travel.
- Unsure: remain in children's community services in some capacity

1.5 Views about working life

Respondents were presented with a number of statements to capture their views on working life and their role as a FN or Supervisor. They were asked to indicate to what degree they agreed or disagreed with each statement. We have collated the responses and generated a mean score for each statement. The higher the score is, the greater the level of agreement with the statement. Where the statement is negatively worded, the scoring has been reversed to enable high scores to represent positive views consistently throughout the analysis. These statements are marked with an asterisk. The maximum mean score for each statement is 5.

1.6 Role clarity, involvement and feedback

Respondents' feedback on role clarity, involvement and feedback was generally positive. Most evident was that both FNs and Supervisors feel that they have clarity around the goals and objectives for their jobs and are aware of their work responsibilities (Table A.37).

Table A 37: Role clarity, involvement and feedback

		FNs	Supervisors	All
I have clear, planned goals and objectives for job	Mean score	4.37	4.44	4.39
	No.	207	63	270
I often have trouble working out whether I am doing well or poorly in this job*	Mean score	3.46 (2.54 NR)	3.60 (2.40)	3.49 (2.51)
	No.	206	63	269
I am involved in deciding on changes introduced that affect my work area/team	Mean score	3.94	4.16	3.99
	No.	205	63	268
I always know what my work responsibilities are	Mean score	4.33	4.30	4.32
	No.	205	63	268
I am consulted about changes that affect my work area/team	Mean score	4.01	4.06	4.02
	No.	205	63	268
I get clear feedback about how well I am doing my job	Mean score	3.95	3.62	3.87
	No.	206	63	269

N= Number in sample

Brackets = not recoded figure

1.7 Team working and colleagues

Respondents' views on their team and colleagues were very positive. The areas which scored lower in this area, though still with mean scores of 4 out of 5, were the regularity of meetings to discuss team's effectiveness; the need to communicate closely with one another to achieve team objectives; and feeling part of an efficient team (Table A.38).

Table A 38: Team working and colleagues

		FNs	Supervisors	All
I feel I belong to a team	Mean	4.46	4.63	4.50
	No.	207	63	270
We have a set of shared objectives	Mean	4.31	4.57	4.37
	No.	205	63	268
We often meet to discuss the team's effectiveness	Mean	4.03	4.55	4.15
	No.	206	62	268
We have to communicate closely with each other to achieve the team's objectives	Mean	4.20	4.63	4.30
	No.	206	63	269
The people I work with treat me with respect	Mean	4.54	4.52	4.54
	No.	206	63	269
The people I work with seek my opinions	Mean	4.41	4.68	4.47
	No.	206	63	269
I feel part of an efficient team	Mean	4.28	4.51	4.34
	No.	205	63	268
I have a good working relationship with my colleagues	Mean	4.54	4.56	4.54
	No.	206	63	269
My colleagues can be relied upon when things get difficult in my job	Mean	4.52	4.39	4.49
	No.	206	62	268

1.8 Career development

The area for focus around career development, based on the responses from both FNs and Supervisors, is the provision of opportunities to progress in the job (mean score 3.35). The view that respondents' continuing professional development is actively supported by their employing organisation also scored lower (3.67) in this section, compared with the support offered by the FNP team and FNP National Unit (particularly for FNs) (Table A.39).

Table A 39: Views on career development

		FNs	Supervisors	All
There are opportunities for me to progress in my job	Mean	3.31	3.51	3.35
	No.	206	63	269
My supervisor/line manager takes staff development seriously	Mean	3.95	3.95	3.95
	No.	205	62	267
My training and development needs are regularly discussed	Mean	3.92	3.69	3.86
	No.	204	62	266
My continuing professional development is actively supported by:				
... my FNP team	Mean	4.13	3.95	4.09
	No.	203	63	266
... the FNP National Unit	Mean	3.97	4.14	4.01
	No.	203	63	266
... my employing organisation	Mean	3.62	3.84	3.67
	No.	203	63	266

1.9 Day to day management

The mean scores for the statements reflecting the views of supervisors/line managers were also high. For Family Nurses, the relative lower scores in this section (albeit, still 4 out of 5) were against the views that they are asked for their opinion before decisions are made that affect their work and the provision of clear feedback by supervisors. These were also the two lowest scoring statements for Family Nurse Supervisors (see Table A.40).

Positive views were also held on the FNP clinical supervision model. Family Nurses felt less strongly that the supervision model is motivating at work, with this receiving a lower relative mean score in comparison to other statements (see Table A.41).

Family Nurse Supervisors gave their lowest score to the statement “*I receive good support from my line manager*” (3.79) in comparison to the other statements about their clinical supervision role (see Table A.42).

Table A 40: Views on supervisor/line manager

My supervisor/line manager ...		FNs	Supervisors	All
... encourages those who work for her/him to work as a team	Mean	4.28	4.08	4.24
	No.	205	63	268
... can be counted on to help me with a difficult task at work	Mean	4.30	3.97	4.22
	No.	205	63	268
... gives me clear feedback on my work	Mean	4.11	3.76	4.03
	No.	205	63	268
... asks for my opinion before making decisions that affect my work	Mean	4.05	3.78	3.98
	No.	202	63	265
... is supportive in a personal crisis	Mean	4.24	4.10	4.20
	No.	204	63	267
... is sensitive to work/life issues	Mean	4.19	4.05	4.16
	No.	204	63	267
... supports me when things go wrong	Mean	4.16	3.83	4.08
	No.	201	63	264
I have a good working relationship with my supervisor/ line manager	Mean	4.31	4.16	4.28
	No.	202	63	265

Table A 41: Views on FNP clinical supervision model

FNP clinical supervision model ...		FNs	Supervisors	Alls
... helps me to perform well in my role	Mean	4.18	4.27	4.20
	No.	204	62	266
... makes me feel supported	Mean	4.19	4.21	4.20
	No.	203	62	265
... motivates me at work	Mean	3.97	4.18	4.02
	No.	204	61	265
... is an improvement on performance management I have experienced in previous roles	Mean	4.25	4.37	4.28
	No.	204	62	266
... helps me to cope with the emotional challenges of the role	Mean	4.12	4.35	4.18
	No.	203	62	265

Table A 42: Family Nurse Supervisors views on their clinical supervision role

	Supervisors	
	Mean	No.
I have had appropriate training to help me supervise effectively	4.40	63
I am clear about how to conduct supervision	4.41	63
I receive good support from my line manager	3.79	63
I receive good support from the FNP National Unit	4.46	63

N= Number in sample

1.10 Job satisfaction

Scores related to job satisfaction were also high. The highest score being attributed the statement: “*I do interesting and challenging work*” (mean score 4.66). This was followed by the belief that their role makes a difference to service users (mean score 4.59). Lower scores were given to the statements around the extent to which the employing organisation understands the work of FNs and the value their employer places on their work. The greatest discrepancies between the scores of FNs and Supervisors were linked to variety in job; level of pay; the level of support from line manager/supervisors and the value the employer places on their work (Table A.43).

Table A 43: Views on job satisfaction

		FNs	Supervisors	All
I am satisfied with the recognition I get for good work	Mean	4.00	3.81	3.96
	No.	203	63	266
I am satisfied with the support I get from my supervisor/line manager	Mean	4.19	3.89	4.12
	N	203	63	266
I am satisfied with the freedom I have to choose my own method of working	Mean	4.22	4.35	4.25
	No.	203	63	266
I am satisfied with the support I get from my work colleagues	Mean	4.47	4.41	4.45
	No.	203	63	266
I am satisfied with the amount of responsibility I am given	Mean	4.25	4.33	4.27
	No.	203	63	266
I am satisfied with the opportunities I have to use my skills	Mean	4.30	4.49	4.34
	No.	203	63	266
I am satisfied with the extent to which my employing organisation values my work	Mean	3.55	3.86	3.62
	No.	201	63	264

		FNs	Supervisors	All
I am satisfied with the extent to which my employing organisation understands the work of FNs	Mean	3.22	3.30	3.24
	No.	203	63	266
I am satisfied with my level of pay	Mean	3.90	4.22	3.98
	No.	203	63	266
There is a lot of variety in my job	Mean	4.37	4.70	4.45
	No.	203	63	266
I do interesting and challenging work	Mean	4.63	4.75	4.66
	No.	203	63	266
I get a feeling of accomplishment from my job	Mean	4.42	4.54	4.45
	No.	203	63	266
I find real enjoyment in my job	Mean	4.37	4.56	4.42
	No.	203	63	266
I am seldom bored with my job	Mean	4.39	4.65	4.45
	No.	202	63	265
Most days I am enthusiastic about my job	Mean	4.31	4.54	4.36
	No.	203	63	266
Overall, I am satisfied with my job	Mean	4.32	4.55	4.37
	No.	201	62	263
I feel that my role makes a difference to service users	Mean	4.54	4.76	4.59
	No.	196	63	259

1.11 Engagement

Levels of staff engagement were also high. The highest score was for the statement “*I try to help my team members whenever I can*” (mean score 4.75 for all respondents; 4.69 for Family Nurses; 4.92 for Supervisors). Confidence in the service provided also scored highly by both FNs and Supervisors (mean score 4.67). Supervisors also strongly agreed with the statements that they would recommend FNP as a place to work; and that care of service users is FNP’s priority (Table A.44).

Table A 44: Views on engagement

		FNs	Supervisors	All
I speak highly of working as a Family Nurse to my friends	Mean	4.50	4.75	4.55
	No.	202	63	265
I would be confident if my family or friends needed to use our services	Mean	4.61	4.84	4.67
	No.	203	63	266

		FNs	Supervisors	All
FNP has a good reputation	Mean	4.47	4.70	4.52
	No.	203	63	266
I am proud to tell others that I am a Family Nurse/Supervisor	Mean	4.54	4.79	4.60
	No.	203	63	266
Working as a Family Nurse really inspires the very best in me in the way of job performance	Mean	4.39	4.74	4.48
	No.	203	62	265
I find that my values and FNP's are very similar	Mean	4.54	4.71	4.58
	No.	203	63	266
I try to help my team members whenever I can	Mean	4.69	4.92	4.75
	No.	203	63	266
I try to help colleagues outside the team whenever I can	Mean	4.46	4.76	4.53
	No.	202	63	265
I try to keep abreast of current developments in my area	Mean	4.35	4.68	4.43
	No.	202	63	265
I frequently make suggestions to improve the service we offer	Mean	4.21	4.54	4.29
	No.	203	63	266
I can make suggestions to improve the work of my team	Mean	4.28	4.71	4.38
	No.	203	63	266
There are opportunities for me to show initiative in my role	Mean	4.25	4.60	4.33
	No.	202	63	265
I am able to make improvements happen in my area of work	Mean	4.05	4.54	4.17
	No.	203	63	266
Care of service users is FNP's top priority	Mean	4.51	4.86	4.59
	No.	203	63	266
I would recommend FNP as an area to work in	Mean	4.41	4.86	4.52
	No.	203	63	266
I look forward to going to work	Mean	4.15	4.43	4.22
	No.	203	63	266
I am enthusiastic about my job	Mean	4.36	4.69	4.44
	No.	202	62	264
Time passes quickly when I am working	Mean	4.55	4.78	4.60
	No.	203	63	266
I often do more than is required	Mean	4.34	4.65	4.42
	No.	202	63	265
I am able to do my job to a standard I am personally pleased with	Mean	4.12	4.22	4.14
	No.	200	63	263

		FNs	Supervisors	All
My employing organisation is prepared to be flexible to help us deliver the FNP Programme	Mean	3.68	3.81	3.71
	No.	203	63	266

1.12 Feeling valued

Overall, scores on 'feeling valued' were generally high, however, the lower scores appeared again against the statements connected to the employing organisation valuing the work respondents do (mean score 3.78 for all respondents) and also the employer's concern over employees' health and well-being (mean score 3.42) which scored the lowest, particularly by FNs (Table A.45).

Table A 45: Views on feeling valued

		FNs	Supervisors	All
I am trusted to do my job	Mean	4.42	4.60	4.46
	No.	203	63	266
My employing organisation values the work I do in FNP	Mean	3.72	4.00	3.78
	No.	202	63	265
My employing organisation is concerned about my health and well-being	Mean	3.33	3.71	3.42
	No.	201	63	264
I feel able to voice my ideas and opinions within my team	Mean	4.35	4.70	4.44
	No.	201	61	262
The FNP National Unit is receptive to good suggestions from FNs/Supervisors	Mean	4.03	4.67	4.18
	No.	202	63	265
The FNP National Unit communicates effectively with us	Mean	3.90	4.48	4.03
	No.	201	61	262

1.13 Work pressure

From amongst all the numerous statements asking respondents to reflect on their working life, work pressure was the area which received some of the lowest scores, indicating it might be an area for focus and further analysis. However, both FNs and Supervisors reported relative confidence in their ability to cope with work pressure, particularly Supervisors (mean score 4.13). There was also general agreement that respondents are provided with adequate resources to perform their job (Table A.46).

Table A 46: Views on work pressure

		FNs	Supervisors	All
I have adequate materials, supplies and equipment to do my job	Mean	3.76	4.03	3.82
	No.	201	63	264
There are enough staff here for me to do my job properly	Mean	3.61	3.54	3.59
	No.	200	63	263
I am confident in my ability to cope with work pressure	Mean	3.87	4.13	3.93
	No.	199	62	261
I cannot meet all the conflicting demands on my time at work	Mean	2.79 (NR 3.21)	2.59 (NR3.41)	2.74 (NR3.26)
	No.	201	63	264
I do not have time to carry out all my work	Mean	2.75 (3.25)	2.44 (3.56)	2.68 (3.32)
	No.	201	63	264
I often feel I am under too much work pressure	Mean	2.91 (3.09)	2.83 (3.17)	2.89 (3.11)
	No.	201	63	264
I have felt under constant strain recently	Mean	3.29 (2.71)	3.33 (2.67)	3.30 (2.70)
	No.	199	63	262
I feel emotionally drained by my work	Mean	3.06 (2.94)	3.32 (2.68)	3.12 (2.88)
	No.	200	63	263
I feel burned out by my work	Mean	3.68 (2.32)	3.91 (2.10)	3.74 (2.26)
	No.	199	63	262

Brackets = not recoded figure

1.14 Role understanding

Respondents had a strong sense of role clarity and understand what their responsibilities are; what is expected of them; and have clear objectives for their job. Generally, the role of Family Nurse/ Supervisor has met respondents' expectations and they feel their skills are utilised effectively (Table A.47).

Table A 47: How respondent views their role and FNP

		FNs	Supervisors	All
The aims of FNP are not clearly understood within health and social care generally	Mean	3.42 (RECODED 2.58)	3.10 (RECODED 2.90)	3.34 (2.66)
	No.	199	62	261
The aims of FNP are not clearly understood within Children's Services	Mean	3.38 (RECODED 2.62)	2.97 (3.03)	3.28 (2.72)
	No.	199	62	261
I would not want to return to my former role after working as a Family Nurse	Mean	3.84	4.15	3.92
	No.	199	62	261
Healthcare professionals outside FNP do not respect Family Nursing as an area of work	Mean	2.77 (3.23)	2.58 (3.42)	2.72 (3.28)
	No.	198	62	260
My organisation has a clear understanding of the aims of FNP	Mean	3.46	3.63	3.50
	No.	199	62	261
Children's Services appreciate the work we do in FNP	Mean	3.49	3.77	3.56
	No.	198	62	260
I would find it difficult to return to mainstream healthcare because my experience as a Family Nurse/Supervisor would not be valued	Mean	3.10 (2.90)	3.10 (2.90)	3.10 (2.90)
	No.	199	62	261
My role as a Family Nurse/Supervisor has not matched my expectations	Mean	1.87 (4.13)	1.71 (4.30)	1.84 (4.16)
	No.	199	62	261
My skills are not utilised as effectively as they could be within my role	Mean	2.07 (3.93)	1.94 (4.06)	2.03 (3.97)
	No.	198	62	260
I feel certain about how much authority I have as a Family Nurse/Supervisor	Mean	3.60	4.11	3.72
	No.	198	62	260
I have clear, planned objectives for my job	Mean	4.21	4.35	4.24
	No.	199	62	261
I am able to divide my time properly between my various responsibilities and tasks	Mean	3.57	3.52	3.56
	No.	199	62	261
I know what my responsibilities are	Mean	4.27	4.39	4.30
	No.	199	62	261
I know exactly what is expected of me in my role	Mean	4.22	4.31	4.24
	No.	196	62	258
I receive clear explanations of what has to be done	Mean	4.10	4.08	4.09
	No.	198	62	260

Brackets = not recoded figure

1.15 Training

Respondents' views on training and learning and development opportunities were very positive. Supervisors gave slightly more positive responses than FNs across the three training statements, but the differences were small (Table A.48).

Table A 48: Views on training

		FNs	Supervisors	All
The specialist FN training I have received has prepared me well for my role	Mean	4.30	4.43	4.33
	No.	200	61	261
I have good access to continuing learning and development opportunities	Mean	4.14	4.44	4.21
	No.	200	61	261
The continuing learning and development available to me is helping/will help me to improve my practice	Mean	4.20	4.43	4.25
	No.	198	61	259

1.16 Work life balance

Statements reflecting views on work life balance also raised areas for focus – again, particularly related to issues with the employing organisation. Whilst employees felt that they could approach their supervisor/line manager to talk openly about flexible working (FNs more so than Supervisors); scores on the employing organisation's level of commitment to helping staff achieve a work/home life balance were relatively lower. The score for overall satisfaction with work-life balance was also relatively low (mean score for all respondents of 3.45) (Table A.49).

Table A 49: Views on work-life balance

		FNs	Supervisors	All
My employing organisation is committed to helping staff balance their work and home life	Mean	3.31	3.59	3.37
	No.	199	61	260
My supervisor/line manager helps me find a good work-life balance	Mean	3.81	3.56	3.75
	No.	199	61	260
I can approach my supervisor/line manager to talk openly about flexible working	Mean	4.07	3.90	4.03
	No.	199	61	260
I am satisfied with my work-life balance	Mean	3.44	3.46	3.45
	No.	199	61	260

1.17 Health & well being

Sickness absence is generally low amongst the respondents, with the majority having none or only one day of sickness absence in the past twelve months. Some 50 per cent of FNs and 59 per cent of Supervisors have taken none or only one day of absence and if we extend the measure to include up to two days of absence this captures almost three-quarters of Supervisors (71.2%) and 58.5 per cent of FNs. About 14 per cent of FNs have taken six or more days' sickness absence, compared to only 5.5 per cent of Supervisors (Table A.50).

Table A 50: Days of sickness absence taken in past 12 months

	FNs		Supervisors	
	No.	%	No.	%
Days sickness absence				
0 days	90	38.5	36	49.3
1 day	27	11.5	7	9.6
2 days	20	8.5	9	12.3
3 days	14	6.0	0	0.0
4 days	6	1.7	3	4.1
5 days	7	2.1	3	4.1
6 to 12 days	14	6.0	0	0.0
More than 12 days	18	7.7	4	5.5
Unanswered	38	16.2	11	15.1

Respondents were also asked to rate their own overall health. Over three-quarters of respondents (78.8%) rated their own health as good or above (i.e. 'very good' or 'excellent'). Almost one quarter of respondents (24.1%) stated their health was

‘excellent’. Some 5.5 per cent stated their health was ‘fair’ and only one per cent stated their health was ‘poor’ (Table A.51).

Table A 51: Rate of overall health of all respondents

Own health rating	No.	%
Excellent	74	24.1
Very good	105	34.2
Good	63	20.5
Fair	17	5.5
Poor	3	1.0
Unanswered	45	14.7

The mean score for the statement *“my job is good for my health”* was 3.40 for FNs and 3.73 for Supervisors. Overall, for all respondents the mean score for this statement was 3.48.

The mean score for the statement *“my supervisor/line manager takes a positive interest in my health and well-being”* was 3.95 for FNs and 3.71 for Supervisors. Overall, for all respondents the mean score was 3.90.

1.18 Best things about working in FNP

Respondents were asked what the best things about working for FNP were. We categorised their various open responses into common themes (shown in Table A.52). For both FNs and Supervisors, most commonly one of the best things mentioned was the ‘specialists, skills mix and team work’ FNP offers, which over half of FNs (56.7%) and Supervisors (57.5%) mentioned; followed by the ‘continuity of care’ FNP provides (54.9% of FNs and 46.1% of Supervisors). Common other factors mentioned were the feeling of ‘making a difference’; the ‘ethos and principles of FNP’; and ‘training and learning’ opportunities. The positive responses given to the statements regarding training (Section 3.1.10) reflect this view.

Table A 52: Themes identified as the best things about working in FNP

	FNs		Supervisors		All	
	No.	%	No.	%	No.	%
Making a difference	55	33.5	26	47.3	81	37.0
Client/patient base	38	23.2	11	20.0	49	22.4
Continuity of care/structured programme	90	54.9	11	20.0	101	46.1
Ethos and principles of FNP	50	30.5	29	52.7	79	36.1

	FNs		Supervisors		All	
	No.	%	No.	%	No.	%
Job satisfaction	30	18.3	7	12.7	37	16.9
Job content/role	25	15.2	16	29.1	41	18.7
Career progression/development	3	1.8	3	5.5	6	2.7
New challenge	2	1.2	1	1.8	3	1.4
Training/learning	46	28.0	16	29.1	62	28.3
Specialists/skill mix/team work	93	56.7	33	60.0	126	57.5
Supervision	20	12.2	5	9.1	25	11.4
Autonomy	8	4.9	0	0.0	8	3.7
Location/hours	6	3.7	0	0.0	6	2.7

Table A 53: Best things about working in FNP, by age group

		Age group					Age unstated
		25-29	30-39	40-49	50-59	60-69	
Making a difference	No.	0	13	33	33	2	0
	%	0.0	16.0	40.7	40.7	2.5	0.0
Client/patient base	No.	0	6	25	17	1	0
	%	0.0	12.2	51.0	34.7	2.0	0.0
Continuity of care/structured programme	No.	1	27	34	39	0	0
	%	1.0	26.7	33.7	38.6	0.0	0.0
Ethos and principles of FNP	No.	0	18	24	33	3	1
	%	0.0	22.8	30.4	41.8	3.8	1.3
Job satisfaction	No.	0	4	16	15	2	0
	%	0.0	10.8	43.2	40.5	5.4	0.0
Job content/role	No.	0	11	17	12	1	0
	%	0.0	26.8	41.5	29.3	2.4	0.0
Career progression/development	No.	0	0	2	4	0	0
	%	0.0	0.0	33.3	66.7	0.0	0.0
New challenge	No.	0	0	2	1	0	0
	%	0.0	0.0	66.7	33.3	0.0	0.0
Training/learning	No.	0	9	26	26	1	0
	%	0.0	14.5	41.9	41.9	1.6	0.0
Specialists/skill mix/team work	No.	2	12	55	55	0	2
	%	1.6	9.5	43.7	43.7	0.0	1.6
Supervision	No.	0	7	6	12	0	0
	%	0.0	28.0	24.0	48.0	0.0	0.0
Autonomy	No.	0	0	5	3	0	0
	%	0.0	.0	62.5	37.5	0.0	0.0
Location/hours	No.	0	3	3	0	0	0
	%	0.0	50.0	50.0	0.0	0.0	0.0

Table A 54: Best things about working in FNP, by rating of current job compared to previous job

Best thing about working in FNP	Rating of current role compared to previous job									
	Much better		Better		The same		Worse		Much worse	
	No.	%	No.	%	No.	%	No.	%	No.	%
Making a difference	42	33.1	29	42.0	7	41.2	2	40.0	1	100.0
Client/patient base	31	24.4	14	20.3	4	23.5	0	0.0	0	0.0
Continuity of care/structured programme	55	43.3	31	44.9	10	58.8	4	80.0	1	100.0
Ethos and principles of FNP	52	40.9	20	29.0	5	29.4	2	40.0	0	0.0
Job satisfaction	22	17.3	12	17.4	2	11.8	1	20.0	0	0.0
Job content/role	21	16.5	15	21.7	5	29.4	0	0.0	0	0.0
Career progression/development	3	2.4	2	2.9	0	0.0	1	20.0	0	0.0
New challenge	0	0.0	3	4.3	0	0.0	0	0.0	0	0.0
Training/learning	41	32.3	19	27.5	2	11.8	0	0.0	0	0.0
Specialists/skill mix/team work	80	63.0	35	50.7	9	52.9	2	40.0	0	0.0
Supervision	15	11.8	10	14.5	0	0.0	0	0.0	0	0.0
Autonomy	3	2.4	3	4.3	1	5.9	1	20.0	0	0.0
Location/hours	1	0.8	4	5.8	1	5.9	0	0.0	0	0.0
Total	127		69		17		5		1	

1.19 Improving the quality of working life

Table A 55: What would most improve the quality of working life

	FNs		Supervisors	
	No.	%	No.	%
Supervisor/line manager/other professional bodies	33	9.3	17	16.7
Clients/caseload/job role	74	20.8	13	12.7
Admin support	53	14.9	16	15.7
Hours - more or less	49	13.8	10	9.8
Location	37	10.4	9	8.8
Equipment/resources/tools	48	13.5	12	11.8
Training and personal development	20	5.6	5	4.9
Working practice	15	4.2	7	6.9
Team/colleagues	14	3.9	5	4.9
Pay/contract/benefits	3	0.8	5	4.9
Other comments/not relevant	10	2.8	3	2.9

Table A 56: What would most improve the quality of working life, by rating of current job compared to previous job

	Rating of current role compared to previous job									
	Much better		Better		The same		Worse		Much worse	
	No.	%	No.	%	No.	%	No.	%	No.	%
Supervisor/line manager/other professional bodies	16	13.1	23	32.9	4	21.1	5	71.4	2	200.0
Clients/caseload/job role	42	34.4	32	45.7	11	57.9	1	14.3	1	100.0
Admin support	35	28.7	24	34.3	6	31.6	4	57.1	0	0.0
Hours - more or less	25	20.5	23	32.9	10	52.6	1	14.3	0	0.0
Location	34	27.9	9	12.9	3	15.8	0	0.0	0	0.0
Equipment/resources/tools	43	35.2	13	18.6	3	15.8	1	14.3	0	0.0
Training and personal development	10	8.2	11	15.7	2	10.5	2	28.6	0	0.0
Working practice	10	8.2	8	11.4	3	15.8	1	14.3	0	0.0
Team/colleagues	13	10.7	6	8.6	0	0.0	0	0.0	0	0.0
Pay/contract/benefits	5	4.1	2	2.9	1	5.3	0	0.0	0	0.0
Other comments/not relevant	6	4.9	5	7.1	2	10.5	0	0.0	0	0.0
Total	122		70		19		7		1	

Table A 57: Supervisors/line managers/other professional bodies would most improve the quality of working life, by overall quality of supervision received

		Overall quality of supervision received				
		Excellent	Good	Adequate	Poor	All
		No.				
Better supervision and stronger leadership/feedback/a manager who cares.	No.	7	20	15	8	50
A different supervision/ management style.	%	14.0	40.0	30.0	16.0	100
Better support and recognition from other professionals						

Table A 58: Admin support would most improve the quality of working life, by whether receives adequate admin support

		Have adequate administrative support to do job		
		Yes	No	All
		No.		
Admin support - less paperwork/being more organised	No.	33	36	69
	%	47.8	52.2	100

**Table A 59: Hours would most improve the quality of working life,
by whether regularly works more hours than contract states**

		Regularly works more hours than contract states		
		Yes	No	All
Hours - Work fewer hours/work more hours/flexibility/better work life balance/less out of hours on call	No.	45	14	59
	%	76.3	23.7	100

1.20 Challenges

Table A 60: What are the biggest challenges to being a Family Nurse/Supervisor?

	FNs		Supervisors	
	No.	%	No.	%
Supervisor/line manager	9	2.0	3	2.1
Client base	106	24.0	22	15.5
Workload/FN role/FNP	141	31.9	52	36.6
Time management/hours	49	11.1	15	10.6
Work life balance	16	3.6	1	0.7
Teamwork	26	5.9	14	9.9
Career progression	4	0.9	0	0.0
Resources	14	3.2	1	0.7
Other professionals	46	10.4	18	12.7
Training/learning	24	5.4	15	10.6
Other comments/not relevant	7	1.6	1	0.7

1.21 Compared to previous roles, what is better?

Table A 61: Compared to *previous roles you have had within healthcare*, what is better about working in FNP?

		FNs		Supervisors	
	Examples	N	%	N	%
Client base	Client focused and evidence based/building relationships with clients/continuity/challenging	77	20.3	17	14.5
Workload	Less responsibility/ autonomy/less pressure and stress/more flexibility in managing workload/ realistic caseload/less emotionally draining	34	9.0	7	6.0
Making a difference	Making a difference to clients' lives	31	8.2	8	6.8
Supervision	Regular team meetings/support/good leadership/multi agency support/better support from other professionals	52	13.7	17	14.5
Colleagues/team	Sharing caseload/supportive when team member on holiday/sick. Good team morale	31	8.2	8	6.8
Feeling valued and appreciated	Being listened to/my judgements are taken seriously	22	5.8	2	1.7
Work/life balance	Can switch off/less work at home/more flexibility	5	1.3	1	.9
Career opportunities	Great career progression/more opportunity to develop role	2	.5	2	1.7
Training	Extensive well developed learning programme/utilising skills/better attitude to learning	42	11.1	19	16.2
Banding/pay	Contract	4	1.1		
Resources/tools	Access to materials/admin support	20	5.3	3	2.6
General	Best job I've ever had/everything is better/job satisfaction/ interest, variety and diversity/FNP ethos and approach/ respected programme. Respected profession/role	57	15.0	33	28.2
Other comments/not relevant		2	.5		

Table A 62: Compared to *being in FNP*, what is better about working in other healthcare roles?

	Examples	FNs		Supervisors	
		N	%	N	%
Client base	Client focused and evidence based/building relationships with clients/continuity/challenging	5	2.8	2	3.8
Workload	Less responsibility/ autonomy/less pressure and stress/more flexibility in managing workload/ realistic caseload/less emotionally draining	39	21.7	11	20.8
Making a difference	Making a difference to clients' lives	2	1.1	0	.0
Supervision	Regular team meetings/support/good leadership/multi agency support/better support from other professionals	11	6.1	1	1.9
Colleagues/team	Sharing caseload/supportive when team member on holiday/sick. Good team morale	19	10.6	3	5.7
Feeling valued and appreciated	Being listened to/my judgements are taken seriously	2	1.1	0	.0
Work/life balance	Can switch off/less work at home/more flexibility	16	8.9	4	7.5
Career opportunities	Great career progression/more opportunity to develop role	3	1.7	1	1.9
Training	Extensive well developed learning programme/utilising skills/better attitude to learning	5	2.8	1	1.9
Location	Working closer to home/less travelling	3	1.7	0	.0
Banding/pay	Contract	2	1.1	0	.0
Resources/tools	Access to materials/admin support	3	1.7	0	.0
General	Best job I've ever had/everything is better/job satisfaction/ interest, variety and diversity/FNP ethos and approach/ respected programme. Respected profession/role	24	13.3	15	28.3
Nothing		40	22.2	14	26.4
Other comments/not relevant		6	3.3	1	1.9

1.22 Mean scores by theme

The individual statements in the questionnaire have been grouped into themes, to enable overall indicators to be created. Only those statements that were shown, statistically, to 'belong' together have been included in each indicator.

Table A 63: Mean scores by theme

Statements	FNs	Supervisors	Reliability statistic (Cronbach alpha)
Engagement	4.40	4.70	0.942
<ul style="list-style-type: none"> ■ I speak highly of working as a Family Nurse to my friends ■ I would be confident if my family or friends needed to use our services ■ FNP has a good reputation ■ I am proud to tell others that I am a Family Nurse/Supervisor ■ Working as a Family Nurse really inspires the very best in me in the way of job performance ■ I find that my values and FNP's are very similar ■ I try to help my team members whenever I can ■ I try to help colleagues outside the team whenever I can ■ I try to keep abreast of current developments in my area ■ I frequently make suggestions to improve the service we offer ■ I can make suggestions to improve the work of my team ■ There are opportunities for me to show initiative in my role ■ I am able to make improvements happen in my area of work 			

	Statements	FNs	Supervisors	Reliability statistic (Cronbach alpha)
	<ul style="list-style-type: none"> ■ Care of service users is FNP's top priority ■ I would recommend FNP as an area to work in ■ I look forward to going to work ■ I am enthusiastic about my job ■ Time passes quickly when I am working ■ I often do more than is required ■ I am able to do my job to a standard I am personally pleased with ■ My employing organisation is prepared to be flexible to help us deliver the FNP Programme 			
Colleagues	<ul style="list-style-type: none"> ■ The people I work with treat me with respect ■ The people I work with seek my opinions ■ I have a good working relationship with my colleagues ■ My colleagues can be relied upon when things get difficult in my job 	4.50	4.54	0.869.
Team working	<ul style="list-style-type: none"> ■ I feel I belong to a team 	4.26	4.58	0.887

	Statements	FNs	Supervisors	Reliability statistic (Cronbach alpha)
	<ul style="list-style-type: none"> ■ We have a set of shared objectives ■ We often meet to discuss the teams effectiveness ■ We have to communicate closely with each other to achieve the team's objectives ■ I feel part of an efficient team 			
Day to day management (Support in clinical supervision role)	<ul style="list-style-type: none"> ■ I have had appropriate training to help me supervise effectively ■ I am clear about how to conduct supervision 	N/A	4.40	0.833*
Training	<ul style="list-style-type: none"> ■ I have good access to continuing learning and development opportunities ■ The continuing learning and development available to me is helping/will help me to improve my practice 	4.16	4.43	0.910
Job satisfaction	<ul style="list-style-type: none"> ■ I am satisfied with the recognition I get for good work ■ I am satisfied with the support I get from my supervisor/line manager ■ I am satisfied with the freedom I have to choose my own 	4.20	4.34	0.913

Statements	FNs	Supervisors	Reliability statistic (Cronbach alpha)
	<p>method of working</p> <ul style="list-style-type: none"> ■ I am satisfied with the support I get from my work colleagues ■ I am satisfied with the amount of responsibility I am given ■ I am satisfied with the opportunities I have to use my skills ■ I am satisfied with the extent to which my employing organisation values my work ■ I am satisfied with the extent to which my employing organisation understands the work of FNs ■ I am satisfied with my level of pay ■ There is a lot of variety in my job ■ I do interesting and challenging work ■ I get a feeling of accomplishment from my job ■ I find real enjoyment in my job ■ Most days I am enthusiastic about my job 		
Day to day management (FNP Clinical supervision model)	<ul style="list-style-type: none"> ■ The FNP Clinical Supervision model... ■ Helps me to perform well in my role 	4.14 4.28	0.927

Statements	FNs	Supervisors	Reliability statistic (Cronbach alpha)
	<ul style="list-style-type: none"> ■ Makes me feel supported ■ Motivates me at work ■ Is an improvement on performance management I have experienced in previous roles ■ Helps me to cope with the emotional challenges of the role 		
Feeling valued	<ul style="list-style-type: none"> ■ I am trusted to do my job ■ My employing organisation values the work I do in FNP ■ My employing organisation is concerned about my health and well-being ■ I feel able to voice my ideas and opinions within my team ■ The FNP National Unit is receptive to good suggestions from FNs/Supervisors ■ The FNP National Unit communicates effectively with us 	3.96 4.36	0.766
Day to day management (Supervisor/Line manager)	<ul style="list-style-type: none"> ■ My supervisor/line manager.... ■ encourages those who work for her/him to work as a team ■ can be counted on to help me with a difficult task at work 	4.20 3.96	0.938

Statements	FNs	Supervisors	Reliability statistic (Cronbach alpha)
Role clarity, involvement and feedback	4.01	4.03	0.760

- gives me clear feedback on my work
- asks for my opinion before making decisions that affect my work
- is supportive in a personal crisis
- is sensitive to work/life issues
- supports me when things go wrong
- I have a good working relationship with my supervisor/line manager

- I have clear, planned goals for my job
- I often have trouble working out whether I am doing well or poorly in this job
- I am involved in deciding on changes introduced that affect my work area/team
- I always know what my work responsibilities are
- I am consulted about changes that affect my work area
- I get clear feedback about how well I am doing my job

Statements		FNs	Supervisors	Reliability statistic (Cronbach alpha)
Continuing Professional development	<ul style="list-style-type: none"> ■ My continuing professional development is actively supported by my FNP team/my FNP National Unit/my employing organisation 	3.91	3.98	0.779.
Career Development	<ul style="list-style-type: none"> ■ My supervisor/line manager takes staff development seriously ■ My training and development needs are regularly discussed 	3.93	3.82	0.824
Work-life balance	<ul style="list-style-type: none"> ■ My supervisor/line manager helps me find a good work-life balance ■ I can approach my supervisor/line manager to talk openly about flexible working 	3.94	3.73	0.837
Role understanding	<ul style="list-style-type: none"> ■ My organisation has a clear understanding of the aims of FNP ■ Children's Services appreciate the work we do in FNP ■ I feel certain about how much authority I have as a Family Nurse/Supervisor ■ I have clear, planned objectives for my job 	3.65	3.84	0.815

	Statements	FNs	Supervisors	Reliability statistic (Cronbach alpha)
	<ul style="list-style-type: none"> ■ I am able to divide my time properly between my various responsibilities and tasks ■ I know what my responsibilities are ■ I know exactly what is expected of me in my role ■ I receive clear explanations of what has to be done ■ The aims of FNP are not clearly understood within health and social care ■ The aims of FNP are not clearly understood within Children's Services ■ Healthcare professionals outside FNP do not respect Family Nursing as an area of work ■ My role as a FN/Supervisor has not matched my expectations ■ My skills are not utilised as effectively as they could be within my role 			
Work pressure	<ul style="list-style-type: none"> ■ I cannot meet all the conflicting demands on my time at work ■ I do not have time to carry out all my work ■ I often feel I am under too much work pressure 	3.08	3.07	0.914

Statements	FNs	Supervisors	Reliability statistic (Cronbach alpha)
<ul style="list-style-type: none">■ I have felt under constant strain recently■ I feel emotionally drained by my work■ I feel burned out by my work			

Comparison with national survey

Table A64: Role clarity, involvement and feedback

		No.	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
I have clear, planned goals and objectives for my job	Family Nurses	207	4.37	0.40	0.40	6.80	39.30	41.50	11.50
	FN Supervisors	63	4.44	1.40	0.00	0.00	42.50	42.50	13.70
	Registered Nurses & Midwives	33,449	3.77	1.76	8.06	16.75	57.87	15.56	-
	Midwives	2,014	3.76	1.34	9.38	17.48	56.01	15.78	-
	Health Visitors	1,178	3.84	0.83	8.07	15.29	57.92	17.89	-
I often have trouble working out whether I am doing well or poorly in this job	Family Nurses	206	3.46 (2.54 unrecoded)	12.00	37.60	19.70	16.20	2.60	12.00
	FN Supervisors	63	3.60 (2.40)	9.6	47.9	15.1	12.3	1.4	13.7
	Registered Nurses & Midwives	33,382	3.32	10.49	40.39	23.61	21.80	3.72	-
	Midwives	2,012	3.33	9.23	43.28	22.81	20.57	4.12	-
	Health Visitors	1,174	3.44	12.28	41.20	26.86	17.54	2.12	-

		No.	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
I am involved in deciding on changes introduced that affect my work area/team	Family Nurses	205	3.94	1.3	4.3	15.0	44.9	22.2	12.4
	FN Supervisors	63	4.16	1.4	4.1	9.6	35.7	35.6	13.7
	Registered Nurses & Midwives	33,397	3.29	7.94	18.52	21.10	41.77	10.67	-
	Midwives	2,014	3.08	10.93	25.66	18.05	35.54	9.81	-
	Health Visitors	1,178	3.36	8.02	16.76	16.02	49.49	9.71	-
I always know what my work responsibilities are	Family Nurses	205	4.33	0.0	2.6	4.3	42.7	38.0	12.4
	FN Supervisors	63	4.30	0.0	1.4	4.1	47.9	32.9	13.7
	Registered Nurses & Midwives	33,607	3.83	1.30	8.64	12.48	60.84	16.75	-
	Midwives	2,020	3.91	0.70	7.28	9.12	66.43	16.47	-
	Health Visitors	1,181	3.80	2.08	9.48	13.04	57.28	18.12	-
I am consulted about changes that affect my work area/team	Family Nurses	205	4.01	0.4	4.7	12.8	45.3	24.4	12.4
	FN Supervisors	63	4.06	1.4	5.5	8.2	42.5	28.8	13.7
	Registered Nurses & Midwives	33,397	3.29	7.94	18.52	21.10	41.77	10.67	-
	Midwives	2,014	3.08	10.93	25.66	18.05	35.54	9.81	-
	Health Visitors	1,178	3.36	8.02	16.76	16.02	49.49	9.71	-
I get clear feedback about how well I am doing in my job	Family Nurses	206	3.95	1.3	4.7	15.8	41.9	24.4	12.0
	FN Supervisors	63	3.62	0.0	16.4	16.4	37.0	16.4	13.7
	Registered Nurses & Midwives	33,502	3.11	5.97	23.85	30.06	33.65	6.47	-
	Midwives	2,014	2.87	8.42	31.17	29.85	25.96	4.61	-
	Health Visitors	1,181	3.18	3.95	24.74	28.51	34.73	8.08	-

Note: 1= Strongly disagree, 2=Disagree, 3= Neither agree nor disagree, 4= Agree, 5= Strongly agree

Table A65: Team working and colleagues

		No.	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
I feel I belong to a team	Family Nurses	207	4.46	0.4	3.0	4.7	27.4	53.0	11.5
	FN Supervisors	63	4.63	0.0	0.0	5.5	23.3	58.9	13.7
	Registered Nurses & Midwives	33,612	3.90	1.82	5.87	13.80	57.60	20.90	-
	Midwives	2,018	3.89	1.46	6.16	12.82	60.72	18.84	-
	Health Visitors	1,182	3.89	1.42	4.49	11.65	58.47	23.98	-
We have a set of shared objectives	Family Nurses	205	4.31	0.0	3.0	8.5	34.6	41.5	12.4
	FN Supervisors	63	4.57	0.0	0.0	2.7	31.5	52.1	13.7
	Registered Nurses & Midwives	31,824	3.86	1.97	5.92	13.97	60.58	17.55	-
	Midwives	1,854	3.87	1.03	5.43	15.34	62.11	16.09	-
	Health Visitors	1,099	3.91	1.99	5.55	9.97	64.02	18.47	-
We often meet to discuss the team's effectiveness	Family Nurses	206	4.03	0.9	9.4	12.8	27.8	37.2	12
	FN Supervisors	62	4.55	0.0	1.4	0.0	34.2	49.3	15.1
	Registered Nurses & Midwives	31,876	3.62	4.55	14.19	14.68	48.10	18.48	-
	Midwives	1,854	3.37	5.88	20.64	17.63	41.93	13.92	-
	Health Visitors	1,113	3.84	1.92	11.00	9.28	57.07	20.73	-
We have to communicate closely with each other to achieve the team's objectives	Family Nurses	206	4.20	0.0	3.0	12.0	37.6	35.5	12
	FN Supervisors	63	4.63	0.0	0.0	2.7	26.0	57.5	13.7
	Registered Nurses & Midwives	31,818	3.89	1.91	4.20	12.58	56.24	25.06	-
	Midwives	1,849	3.93	1.45	5.85	14.82	53.69	24.19	-

		No.	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
	Health Visitors	1,109	4.04	1.34	4.90	10.15	55.95	27.65	-
The people I work with treat me with respect	Family Nurses	206	4.54	0.0	0.0	5.1	29.9	53.0	12.0
	FN Supervisors	63	4.52	0.0	0.0	0.0	41.1	45.2	13.7
	Registered Nurses & Midwives	33,647	3.92	1.18	4.03	13.97	62.93	17.88	-
	Midwives	2,019	3.88	1.38	3.91	14.43	65.57	14.71	-
	Health Visitors	1,183	4.05	0.27	3.12	10.89	62.96	22.76	-
The people I work with seek my opinions	Family Nurses	206	4.41	0.0	0.0	6.0	40.2	41.9	12.0
	FN Supervisors	63	4.68	0.0	0.0	1.4	24.7	60.3	13.7
	Registered Nurses & Midwives	33,645	3.95	0.87	3.62	12.77	65.42	17.33	-
	Midwives	2,014	3.89	1.50	4.70	12.13	66.74	14.92	-
	Health Visitors	1,183	4.05	0.22	3.04	11.59	62.09	23.06	-

Table A66: Career development

		No.	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
There are opportunities for me to progress in my job	Family Nurses	206	3.31	3.0	14.1	31.6	31.6	7.7	12.0
	FN Supervisors	63	3.51	1.4	5.5	34.2	38.4	6.8	13.7
	Registered Nurses & Midwives	33,620	2.94	9.37	27.22	28.09	31.00	4.32	-
	Midwives	2,016	3.00	7.69	28.64	23.63	36.35	3.70	-
	Health Visitors	1,182	2.90	8.72	29.78	29.18	27.29	5.02	-

Table A67: Day to day management

My supervisor/line manager.....		N	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
Encourages those who work for her/him to work as a team	Family Nurses	205	4.28	0.4	2.1	9.0	36.8	39.3	12.4
	FN Supervisors	63	4.08	0.0	5.5	9.6	43.8	27.4	13.7
	Registered Nurses & Midwives	33,634	3.86	3.36	6.70	15.94	48.31	25.69	-
	Midwives	2,025	3.68	4.42	10.56	16.12	50.02	18.89	-
	Health Visitors	1,184	3.86	2.80	6.25	14.50	55.04	21.40	-
Can be counted on to help me with a difficult task	Family Nurses	205	4.30	0.4	2.6	8.1	35.9	40.6	12.4
	FN Supervisors	63	3.97	0.0	5.5	15.1	42.5	23.3	13.7
	Registered Nurses & Midwives	33,599	3.81	3.74	8.73	16.66	44.59	26.28	-
	Midwives	2,025	3.57	5.88	12.23	18.73	45.41	17.76	-
	Health Visitors	1,184	3.76	3.59	6.91	19.84	48.86	20.80	-
Gives me clear feedback	Family Nurses	205	4.11	0.0	6.0	10.7	38.5	32.5	12.4
	FN Supervisors	63	3.76	0.0	8.2	20.5	41.1	16.4	13.7
	Registered Nurses & Midwives	33,578	3.60	4.85	12.28	21.48	41.06	20.34	-
	Midwives	2,023	3.32	8.29	17.39	22.17	38.29	13.85	-
	Health Visitors	1,182	3.62	4.15	11.13	20.51	46.76	17.45	-
Asks for my opinion before making decisions that affect my work	Family Nurses	202	4.05	0.0	5.6	14.1	37.2	29.5	13.7
	FN Supervisors	63	3.78	2.7	6.8	19.2	35.6	21.9	13.7
	Registered Nurses & Midwives	33,567	3.43	7.39	15.90	21.80	36.01	18.90	-
	Midwives	2,020	3.09	12.57	22.21	22.25	29.35	13.62	-
	Health Visitors	1,183	3.42	6.92	15.18	22.60	39.51	15.80	-
Is supportive in a personal crisis	Family Nurses	204	4.24	1.3	1.7	14.1	28.2	41.9	12.8

My supervisor/line manager.....	N	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
FN Supervisors	63	4.10	0.0	1.4	19.2	35.6	30.1	13.7
Registered Nurses & Midwives	33,552	3.93	3.77	4.69	18.65	40.99	31.89	-
Midwives	2,023	3.72	6.23	6.62	20.69	41.56	24.90	-
Health Visitors	1,178	3.91	3.27	2.70	21.64	44.72	27.67	-

Table A68: Job satisfaction

I am satisfied with....		N	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
The recognition I get for good work	Family Nurses	203	4.00	0.0	5.6	13.2	43.2	24.8	13.2
	FN Supervisors	63	3.81	0.0	5.5	19.2	47.9	13.7	13.7
	Registered Nurses & Midwives	33,529	3.21	6.44	19.49	28.92	37.25	7.90	-
	Midwives	2,021	2.94	9.49	27.51	27.62	30.26	5.12	-
	Health Visitors	1,176	3.33	4.55	16.93	29.28	39.74	9.50	-
The support I get from my supervisor/line manager	Family Nurses	203	4.19	0.9	3.0	10.3	37.6	35.0	13.2
	FN Supervisors	63	3.89	0.0	4.1	21.9	39.7	20.5	13.7
	Registered Nurses & Midwives	33,565	3.66	4.22	11.15	20.17	43.73	20.73	-
	Midwives	2,020	3.42	5.72	15.20	24.05	41.53	13.51	-
	Health Visitors	1,181	3.61	3.60	12.17	19.67	48.26	16.30	-
The freedom I have to choose my own method of working	Family Nurses	203	4.22	0.9	3.8	6.0	41.0	35.0	13.2
	FN Supervisors	63	4.35	0.0	2.7	5.5	37.0	41.1	13.7
	Registered Nurses & Midwives	33,507	3.61	3.23	10.00	24.47	46.67	15.63	-
	Midwives	2,017	3.32	5.30	16.26	28.85	40.31	9.27	-

I am satisfied with....		N	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
	Health Visitors	1,181	3.66	3.77	11.11	16.15	53.47	15.50	-
The support I get from my work colleagues	Family Nurses	203	4.47	0.0	1.3	6.0	30.3	49.1	13.2
	FN Supervisors	63	4.41	0.0	0.0	2.7	45.2	38.4	13.7
	Registered Nurses & Midwives	33,576	3.96	1.17	4.89	13.58	57.44	22.93	-
	Midwives	2,020	3.94	0.58	6.37	12.25	60.26	20.52	-
	Health Visitors	1,181	4.11	0.53	2.44	12.22	54.66	30.15	-
The amount of responsibility I am given	Family Nurses	203	4.25	0.0	4.7	6.4	38.5	37.2	13.2
	FN Supervisors	63	4.33	0.0	5.5	5.5	30.1	45.2	13.7
	Registered Nurses & Midwives	33,570	3.77	2.09	7.84	15.99	58.76	15.32	-
	Midwives	2,023	3.76	1.92	8.04	14.82	62.38	12.84	-
	Health Visitors	1,178	3.84	2.42	6.39	15.52	56.12	19.55	-
The opportunities I have to use my skills	Family Nurses	203	4.30	0.4	2.6	7.3	37.2	39.3	13.2
	FN Supervisors	63	4.49	0.0	2.7	1.4	32.9	49.3	13.7
	Registered Nurses & Midwives	33,570	3.72	2.58	9.82	15.84	56.69	15.07	-
	Midwives	2,022	3.79	1.50	7.80	15.35	61.16	14.19	-
	Health Visitors	1,181	3.65	4.15	14.16	12.35	51.16	18.18	-
The extent to which my employing organisation values my work	Family Nurses	201	3.55	0.4	2.6	7.3	37.2	39.3	13.2
	FN Supervisors	63	3.86	0.0	2.7	1.4	32.9	49.3	13.7
	Registered Nurses & Midwives	33,525	2.97	9.98	21.92	35.28	26.78	6.04	-
	Midwives	2,018	2.76	13.75	27.70	32.57	21.01	4.97	-
	Health Visitors	1,179	3.08	9.29	20.83	31.34	29.84	8.70	-
My level of pay	Family Nurses	203	3.90	1.3	6.0	10.7	50.9	17.9	13.2

I am satisfied with....		N	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
	FN Supervisors	63	4.22	0.0	2.7	4.1	50.7	28.8	13.7
	Registered Nurses & Midwives	33,510	3.07	8.10	23.61	26.10	37.15	5.04	-
	Midwives	2,015	2.98	9.95	24.77	26.91	34.43	3.93	-
	Health Visitors	1,177	3.11	7.50	23.73	24.17	38.98	5.62	-
Most days I am enthusiastic about my job	Family Nurses	203	4.31	0.0	1.7	9.0	37.2	38.9	13.2
	FN Supervisors	63	4.54	0.0	1.4	2.7	30.1	52.1	13.7
	Registered Nurses & Midwives	33,651	3.91	0.91	4.30	25.77	41.06	27.96	-
	Midwives	2,019	3.94	0.68	3.54	24.49	44.17	27.12	-
	Health Visitors	1,185	3.93	0.41	3.96	26.93	39.60	29.10	-
I feel that my role makes a difference to service users	Family Nurses	196	4.54	0.0	0.9	1.3	33.3	48.3	16.2
	FN Supervisors	63	4.76	0.0	0.0	0.0	20.5	65.8	13.7
	Registered Nurses & Midwives	33,678	4.30	0.59	1.70	7.08	46.62	41.14	3 (% , not applicable to me)
	Midwives	2,020	4.29	0.19	1.52	6.08	51.27	37.52	3 (% , not applicable to me)
	Health Visitors	1,185	4.21	1.00	1.55	11.52	44.24	38.04	4 (% , not applicable to me)

Table A69: Engagement

		No.	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
I would be confident if my family or friends needed to use our services	Family Nurses	203	4.61	0.0	0.0	3.0	27.8	56.0	13.2
	FN Supervisors	63	4.84	0.0	0.0	0.0	13.7	72.6	13.7
	Registered Nurses & Midwives	33,499	3.54	3.31	8.68	29.36	48.25	10.40	-
	Midwives	2,015	3.52	3.35	9.23	27.92	50.63	8.86	-
	Health Visitors	1,176	3.45	3.33	8.65	33.06	49.46	5.50	-
I try to help my team members whenever I can	Family Nurses	203	4.69	0.0	0.0	0.0	26.5	60.3	13.2
	FN Supervisors	63	4.92	0.0	0.0	0.0	6.8	79.5	13.7
	Registered Nurses & Midwives	33,625	4.33	0.12	0.11	2.08	62.10	35.59	-
	Midwives	2,017	4.37	0.07	0.13	1.02	60.57	38.20	-
	Health Visitors	1,179	4.37	0.03	0.00	1.97	59.01	39.00	-
I frequently make suggestions to improve the service we offer	Family Nurses	203	4.21	0.0	0.9	8.1	49.6	28.2	13.2
	FN Supervisors	63	4.54	0.0	0.0	1.4	37.0	47.9	13.7
	Registered Nurses & Midwives	-	-	-	-	-	-	-	-
	Midwives	-	-	-	-	-	-	-	-
	Health Visitors	-	-	-	-	-	-	-	-
I can make suggestions to improve the work of my team	Family Nurses	203	4.28	0.9	0.9	3.4	50.0	31.6	13.2
	FN Supervisors	63	4.71	0.0	0.0	1.4	21.9	63.0	13.7
	Registered Nurses & Midwives	33,670	3.76	2.04	7.11	16.23	61.75	12.86	-
	Midwives	2,016	3.64	2.51	10.12	17.94	59.90	9.52	-

		No.	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
There are opportunities for me to show initiative in my role	Health Visitors	1,180	3.85	2.33	4.21	15.21	62.32	15.93	-
	Family Nurses	202	4.25	0.4	1.7	6.0	46.2	32.1	13.7
	FN Supervisors	63	4.60	0.0	1.4	1.4	27.4	56.2	13.7
	Registered Nurses & Midwives	33,623	3.68	1.99	9.01	21.63	53.75	13.62	-
	Midwives	2,013	3.52	1.62	13.14	26.12	49.58	9.54	-
	Health Visitors	1,180	3.65	3.90	8.31	21.11	52.32	14.35	-
I am able to make improvements happen in my area of work	Family Nurses	203	4.05	1.3	1.7	11.1	50.0	22.6	13.2
	FN Supervisors	63	4.54	0.0	1.4	0.0	35.6	49.3	13.7
	Registered Nurses & Midwives	33,597	3.52	2.43	11.87	27.74	46.85	11.11	-
	Midwives	2,010	3.32	2.82	18.42	31.16	38.88	8.73	-
	Health Visitors	1,176	3.66	1.41	11.04	21.40	52.70	13.45	-
Care of service users is FNP's top priority	Family Nurses	203	4.51	0.0	0.4	4.7	31.6	50.0	13.2
	FN Supervisors	63	4.86	0.0	0.0	0.0	12.3	74.0	13.7
	Registered Nurses & Midwives	33,525	3.47	6.51	13.12	23.36	40.73	16.28	-
	Midwives	2,015	3.47	5.46	12.43	25.84	42.46	13.80	-
	Health Visitors	1,174	3.47	4.91	13.15	27.29	39.29	15.35	-
I would recommend FNP as an area to work in	Family Nurses	203	4.41	0.0	1.3	8.5	30.3	46.6	13.2
	FN Supervisors	63	4.86	0.0	0.0	1.4	9.6	75.3	13.7
	Registered Nurses & Midwives	33,703	3.31	6.44	11.74	34.01	39.50	8.31	-
	Midwives	2,022	3.30	5.76	12.59	33.56	41.62	6.47	-
	Health Visitors	1,183	3.36	5.36	10.30	36.21	39.63	8.50	-

		No.	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
I look forward to going to work	Family Nurses	203	4.15	0.4	0.9	15.4	38.5	31.6	13.2
	FN Supervisors	63	4.43	0.0	0.0	9.6	30.1	46.6	13.7
	Registered Nurses & Midwives	33,662	3.49	2.98	10.21	35.09	38.63	13.09	-
	Midwives	2,019	3.41	3.44	11.08	36.98	38.40	10.09	-
	Health Visitors	1,184	3.56	2.43	6.12	36.39	43.28	11.77	-
I am enthusiastic about my job	Family Nurses	202	4.36	0.0	0.9	9.4	34.2	41.9	13.7
	FN Supervisors	62	4.69	0.0	0.0	4.1	20.5	61.6	15.1
	Registered Nurses & Midwives	33,651	3.91	0.91	4.30	25.77	41.06	27.96	-
	Midwives	2,019	3.94	0.68	3.54	24.49	44.17	27.12	-
	Health Visitors	1,185	3.93	0.41	3.96	26.93	39.60	29.10	-
Time passes quickly when I am working	Family Nurses	203	4.55	0.0	0.4	4.3	29.5	52.6	13.2
	FN Supervisors	63	4.78	0.0	0.0	2.7	13.7	69.9	13.7
	Registered Nurses & Midwives	33,634	4.18	0.95	2.72	16.50	36.77	43.07	-
	Midwives	2,019	4.18	0.77	3.15	16.22	37.52	42.34	-
	Health Visitors	1,182	4.26	0.74	1.66	14.02	38.17	45.41	-
I often do more than is required	Family Nurses	202	4.34	0.0	0.9	11.1	32.1	42.3	13.7
	FN Supervisors	63	4.65	0.0	1.4	6.8	12.3	65.8	13.7
	Registered Nurses & Midwives	33,614	4.15	0.27	1.98	12.25	53.34	32.16	-
	Midwives	2,015	4.29	0.17	1.26	8.26	50.34	39.97	-
	Health Visitors	1,177	4.18	0.07	1.90	13.53	48.55	35.95	-
I am able to do my job to a standard I am personally pleased with	Family Nurses	200	4.12	1.4	2.1	7.3	49.6	25.2	14.5
	FN Supervisors	63	4.22	1.4	2.7	5.5	42.5	34.2	13.7
	Registered Nurses & Midwives	33,386	3.28	6.41	20.61	20.05	44.37	8.55	-

	No.	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
Midwives	2,012	2.90	11.02	31.58	19.17	32.63	5.61	-
Health Visitors	1,175	3.18	8.02	24.27	18.11	40.45	9.16	-

Table A70: Feeling valued

		N	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
I am trusted to do my job	Family Nurses	203	4.42	0.4	2.1	1.3	39.7	43.2	13.2
	FN Supervisors	63	4.60	0.0	0.0	2.7	28.8	54.8	13.7
	Registered Nurses & Midwives	33,644	4.11	0.52	1.74	7.21	67.45	23.08	-
	Midwives	2,019	4.10	0.36	2.64	5.76	69.54	21.71	-
	Health Visitors	1,181	4.18	0.04	1.51	5.86	65.30	27.29	-
My employing organisation values the work I do	Family Nurses	202	3.72	1.7	6.0	25.6	38.0	15.4	13.2
	FN Supervisors	63	4.00	1.4	6.8	21.9	32.9	23.3	13.7
	Registered Nurses & Midwives	33,525	2.97	9.98	21.92	35.28	26.78	6.04	-
	Midwives	2,018	2.76	13.75	27.70	32.57	21.01	4.97	-
	Health Visitors	1,179	3.08	9.29	20.83	31.34	29.84	8.70	-

Table A71: Work Pressure

		No.	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
I cannot meet all the conflicting demands on my time at work	Family Nurses	201	2.79 (not recoded is 3.21)	5.1	21.4	21.4	26.5	11.5	14.1
	FN Supervisors	63	2.59 (NR3.41)	0.0	20.5	17.8	39.7	8.2	13.7
	Registered Nurses & Midwives	33,343	2.63	3.65	21.60	24.97	33.67	16.11	-
	Midwives	2,011	2.37	2.05	17.01	19.86	37.62	23.46	-
	Health Visitors	1,175	2.65	4.12	23.27	24.12	30.48	18.02	-
I have adequate materials, supplies and equipment to do my job	Family Nurses	201	3.76	1.7	11.5	9.4	46.6	16.7	14.1
	FN Supervisors	63	4.03	0.0	6.8	5.5	52.1	21.9	13.7
	Registered Nurses & Midwives	33,438	3.29	6.31	20.33	18.12	48.19	7.04	-
	Midwives	2,013	2.84	12.94	32.38	16.66	33.90	4.13	-
	Health Visitors	1,180	3.10	9.55	25.31	15.99	43.98	5.17	-
There are enough staff here for me to do my job properly	Family Nurses	200	3.61	3.8	9.8	15.4	43.2	13.2	14.5
	FN Supervisors	63	3.54	2.7	16.4	11.0	43.8	12.3	13.7
	Registered Nurses & Midwives	33,412	2.55	19.20	34.37	21.85	21.54	3.04	-
	Midwives	2,013	2.11	34.54	37.03	13.46	12.85	2.12	-
	Health Visitors	1,177	2.49	22.20	35.02	18.98	19.56	4.24	-
I do not have time to carry out all my work	Family Nurses	201	2.75 (3.25)	4.3	25.2	15.8	26.1	14.5	14.1
	FN Supervisors	63	2.44 (3.56)	1.4	17.8	13.7	38.4	15.1	13.7
	Registered Nurses & Midwives	33,530	2.54	2.57	18.64	24.73	38.30	15.75	-
	Midwives	2,017	2.28	0.95	13.43	19.94	43.78	21.90	-

	No.	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
Health Visitors	1,181	2.55	1.81	20.89	24.98	35.28	17.04	-

Table A72: Role understanding

		No.	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
My skills are not utilised as effectively as they could be within my role/ I am satisfied with the opportunities I have to use my skills (reversed coding)	Family Nurses	198	2.07 (3.93)	25.2	40.6	8.1	9.4	1.3	15.4
	FN Supervisors	62	1.94 (4.06)	32.9	37.0	6.8	4.1	4.1	15.1
	Registered Nurses & Midwives	33,570	3.72	15.07	56.69	15.84	9.82	2.58	-
	Midwives	2,022	3.79	14.19	61.16	15.35	7.80	1.50	-
	Health Visitors	1,181	3.65	18.18	51.16	12.35	14.16	4.15	-
I have clear, planned objectives for my job	Family Nurses	199	4.21	0.0	1.3	8.1	47.4	28.2	15.0
	FN Supervisors	62	4.35	0.0	0.0	0.0	54.8	30.1	15.1
	Registered Nurses & Midwives	33,449	3.77	1.76	8.06	16.75	57.87	15.56	-
	Midwives	2,014	3.76	1.34	9.38	17.48	56.01	15.78	-
	Health Visitors	1,178	3.84	0.83	8.07	15.29	57.92	17.89	-
I know what my responsibilities are	Family Nurses	199	4.27	0.0	2.6	4.3	42.7	38.0	12.4
	FN Supervisors	62	4.39	0.0	1.4	4.1	47.9	32.9	13.7
	Registered Nurses & Midwives	33,607	3.83	1.30	8.64	12.48	60.84	16.75	-
	Midwives	2,020	3.91	0.70	7.28	9.12	66.43	16.47	-
	Health Visitors	1,181	3.80	2.08	9.48	13.04	57.28	18.12	-

Table A73: Work life balance

		No.	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
My employing organisation is committed to helping staff balance their work and home life	Family Nurses	199	3.31	3.0	11.1	32.9	32.9	5.1	15.0
	FN Supervisors	61	3.59	0.0	6.8	26.0	45.2	5.5	16.4
	Registered Nurses & Midwives	33,490	3.11	6.80	19.23	34.66	34.74	4.58	-
	Midwives	2,018	2.71	12.80	29.33	32.81	24.08	0.98	-
	Health Visitors	1,181	3.19	5.71	16.87	35.51	36.30	5.60	-
My supervisor/line manager helps me find a good work-life balance	Family Nurses	199	3.81	0.9	6.4	20.5	37.2	20.1	15.0
	FN Supervisors	61	3.56	1.4	4.1	32.9	37.0	8.2	16.4
	Registered Nurses & Midwives	33,336	3.52	4.53	12.24	25.42	42.55	15.26	-
	Midwives	2,011	3.15	8.62	19.00	28.15	37.67	6.55	-
	Health Visitors	1,174	3.48	3.32	14.20	26.57	42.95	12.96	-
I can approach my supervisor/line manager to talk openly about flexible working	Family Nurses	199	4.07	0.9	6.0	7.7	42.3	28.2	15.0
	FN Supervisors	61	3.90	0.0	1.4	17.8	52.1	12.3	16.4
	Registered Nurses & Midwives	33,241	3.69	4.73	10.34	17.68	45.20	22.04	-
	Midwives	2,001	3.32	8.26	17.21	20.66	41.93	11.94	-
	Health Visitors	1,172	3.81	3.28	6.23	19.74	48.10	22.64	-

Table A74: Health

		No.	Mean score	1 %	2 %	3 %	4 %	5 %	N/A
In general, my job is good for my health	Family Nurses	234	3.40	2.1	15.0	23.1	36.8	8.1	15
	FN Supervisors	73	3.73	0.0	9.6	19.2	41.1	15.1	15.1
	Registered Nurses & Midwives	33,338	3.21	5.83	18.65	32.10	35.23	8.19	-
	Midwives	2,007	3.04	7.83	25.99	29.34	28.23	8.61	-
	Health Visitors	1,164	3.30	3.30	18.70	30.43	39.54	8.03	-
My supervisor/line manager takes a positive interest in my health and well-being	Family Nurses	197	3.95	0.42	5.12	14.53	41.88	22.22	15.81
	FN Supervisors	62	3.71	0.0	4.11	26.03	45.20	9.59	15.07
	Registered Nurses & Midwives	33,152	3.47	5.26	12.01	26.93	41.87	13.93	-
	Midwives	1,998	3.17	9.87	17.40	28.47	34.20	10.05	-
	Health Visitors	1,156	3.50	4.01	12.06	27.80	42.12	14.00	-

ANNEX 2: FOCUS GROUPS

This annex describes the focus groups process and contains:

- the discussion guides for the FN and Supervisor groups
- an analysis of the main themes arising from the groups
- the full set of drawings done by focus group participants.

1.1 Process

It was agreed that focus groups would be held in locations at which there were several teams, usually representing several waves of implementation, in fairly close geographical proximity. Five focus groups with Family Nurses (FNs) were arranged at four locations; in the event one had to be cancelled and so four were undertaken (in Newcastle, Derby and London) with a total of 22 FNs. In addition, four FNs from the cancelled Manchester group emailed their comments. Two focus groups were facilitated with a total of 22 FN Supervisors following training days: one was held in London and one in Leeds.

The IES facilitator used discussion guide that had been agreed in advance with the project manager at the FNPNU. As time was tight for some of the groups, it proved not to be possible to carry out the final exercise (pictures, words or metaphors, followed by a discussion of these) in every group.

1.2 Discussion Guide: FN Focus Groups

Researcher introduction and explanation about the study, followed by brief introductions – first name, location, how long you've been a FN, what you did previously.

1. Tell me a bit about how you came to join the FNP.

- ☐ How did you hear about it?
 - ☐ What made you think 'that sounds like something I'd be interested in'?
 - ☐ What was the main attraction for you?
2. What's your experience been like to date? Has the work been more or less how you expected it to be?
- ☐ What are the best bits?
 - ☐ Has anything surprised you?
 - ☐ Have there been any disappointments with the role?
 - ☐ What's not so good and could be improved?
3. What sort of support do you get within your team?
(*Prompt if necessary for support from supervisor, admin support, support from wider organisation, support from FNPNU*)
- ☐ Is it sufficient?
 - ☐ How well is supervision working?
 - ☐ Do you meet up with your colleagues sufficiently often? (How often is this?)
4. Do you work with many other health care professionals? Who are the ones you most often work with?
- ☐ What are your working relationships like with other staff groups?
 - ☐ Do other healthcare professionals understand your role?
 - ☐ Do you find it easy to explain your role?
 - ☐ Do you find other healthcare professionals helpful? (why do you say that?)
 - ☐ How about other professional you meet outside health, eg within social care?
5. Have you all completed the training? (*Note if any say no*) What did you think of the training? Was it in line with what you were expecting, and did it prepare you well for your role?
- ☐ Was it sufficient?
 - ☐ Any areas where you felt you might have appreciated more support or content that could be strengthened?
 - ☐ Could any of the timings for the training be better arranged?
 - ☐ Anything that should be added to the programme?

6. What are your career plans now?
 - ☐ Do you want to stay in the FNP Programme?
 - ☐ Progress to Supervisor?
 - ☐ Progress to other type of role (what?)?
7. Do you have any suggestions for how it might be possible to make the FNP Programme and services even better?

Pictures, metaphors and words

8. Now I'd like you to describe your working life as an FN in a different way! I'd like you to draw a picture representing your life as a Family Nurse, and how you feel about it (*pass out pens and paper*). If you'd rather not draw a picture, have a go at a metaphor instead, or some descriptive words that sum up your views about being a Family Nurse.

If there's time at the end, ask if anyone wants to share their pictures etc.

And finally...

9. Does anyone have any other comments?

Thank everyone for taking part, gather in drawings etc. and explain that we'll be producing a report for the FNP National Unit over the following months.

1.3 Discussion Guide: Supervisor Focus Groups

Researcher introduction and explanation about the study, followed by brief introductions – first name, location, how long you've been a Supervisor, what you did previously.

1. Tell me a bit about how you initially came to join FNP.
 - ☐ How did you hear about it?
 - ☐ What made you think 'that sounds like something I'd be interested in'?
 - ☐ What was the main attraction for you?
2. Before joining FNP, were you in a supervisory or line management role?
 - ☐ (*for those who say no*) how has this change been for you?
3. What's your experience been like to date? Has the work been more or less how you expected it to be?

- ☐ Has anything surprised you?
 - ☐ Have there been any disappointments with the role?
 - ☐ What are the best bits?
 - ☐ What's not so good and could be improved?
4. Are there any particular challenges in the role?
- ☐ Are there any particular challenges in supervising a team of FNs (compared to supervision of other types of staff group)?
 - ☐ How much support do members of your team usually need?
 - ☐ Do you see your team as often as you'd like (both individually and all together)?
5. Do you get the support you need from the FNP National Unit?
- ☐ What sort of support do you look for?
 - ☐ Is there anything else the FNP National Unit could do to support you as a supervisor?
6. Do you get the support you need from your line manager and employing organisation? Does your employing organisation understand what you do in FNP?
7. Do you work with many other health care professionals? Who are the ones you most often work with?
- ☐ What are your working relationships like with other staff groups?
 - ☐ Do other healthcare professionals understand your role?
 - ☐ Do you find it easy to explain your role?
 - ☐ Do you find other healthcare professionals helpful? (why do you say that)
 - ☐ How about other professional you meet outside health, eg within social care?
8. What did you think of the FNP training? Was it in line with what you were expecting?
- ☐ Was it sufficient?
 - ☐ Any areas where you felt you might have appreciated more support or content that could be strengthened?
 - ☐ Could any of the timings for the training be better arranged?

- ☐ Anything that should be added to the programme?
9. Have you received any training that was additional to that provided for FNs?
- ☐ What was this? (eg training in supervisory/management skills, team leadership)
 - ☐ Had you received any preparation for team leading/supervision in your previous roles?
 - Has this been useful?
 - Would you recommend it to other supervisors?
10. What are your career plans now?
- ☐ Do you want to stay in FNP?
 - ☐ Progress to supervision/management elsewhere/in other service area (what areas)?
 - ☐ Progress to other type of role (what)?
11. Do you have any suggestions for how it might be possible to make the FNP programme and services even better?

Pictures, metaphors and words

12. Now I'd like you to describe your working life as a supervisor in FNP in a different way! I'd like you to draw a picture representing your life as an FNP Supervisor, and how you feel about it (*pass out pens and paper*). If you'd rather not draw a picture, have a go at a metaphor instead, or some descriptive words that sum up your views about your role.

If there's time at the end, ask if anyone wants to share their pictures etc.

And finally...

13. Does anyone have any other comments?

Thank everyone for taking part, gather in drawings etc. and explain that we'll be producing a report for the FNP National Unit over the following months.

If the survey hasn't yielded enough volunteers for the pen pictures, try to sign up one or two from the group.

1.4 Focus Groups Analysis

Recruitment

As would be expected from the profile revealed by the survey responses, the great majority of FNs who attended the focus groups were from a health visiting or midwifery background. Other previous roles included community nurses and mental health nurses. Most of the supervisors had a similar background, but in addition all had either team leading, supervision or management experience. A few had come from a clinical education background.

What attracts people to Family Nurse roles?

Family Nurses

FNs particularly mentioned that having a structured programme to work around, that is evidence-based, were both attractions. Also, they liked the fact that “*you get to see the results*” even if it may take a while “*for your efforts to pay off, perhaps two years, until they [the clients] graduate perhaps*”. They all liked the tools they had been taught to use, although they had found it daunting initially to see how the various different components fitted together. Also, for some, being able to be part of the testing and the development process were attractions.

Most of all, though, the FNs referred to the relationship-building, the continuity and the fact that they were now able to do the sorts of things they had anticipated being able to do in their previous roles:

It's the relationship building, because it's increasingly difficult to get to know families as well as you should. To have that relationship for two years is really special.

It lends itself to a therapeutic relationship, a new way of thinking, the length of time working one to one with clients gives more opportunity to effect change.

Many of the FNs had come from a background in health visiting. They felt that the new posts allowed them to do the things for which they had been trained as a health visitor but were unable to put into action:

It allows you to use the skills you learnt as a health visitor. The health visitor training prepares you for this but you couldn't really do it as health visitor.

Being able to build up relationships. Health visiting was becoming too shallow and prescriptive.

It was like a vision of how I wanted to work with young people. Health visiting wasn't doing it for me. You can get closer to the clients with FNP.

Being aligned with health visiting isn't always appropriate – this service is completely different...

Another FN who had come from a midwifery background made similar comments. She had got to know about the Family Nurse Programme (FNP) while working as a teen pregnancy midwife. The aspect of the midwifery job that she had really liked was the continuity, but the job was “*becoming less and less like that...The midwife job just had less and less of the aspects that I liked.*” She had really liked working with young clients, so the FNP attracted her from that point of view, plus there was the continuity aspect.

Supervisors

Many of the Supervisors mentioned the talks that had been given by Kate Billingham having played a significant role in influencing their decision to apply for Supervisor positions. The vision set out for the FNP had made many Supervisors decide then and there that “*that's the job for me.*” In addition the fact that the FNP was a national programme had been a real attraction for supervisors too, and the fact that it constituted a transition from their previous role. Although most of the Supervisors had been in a management, team leading or teaching position prior to taking on the FNP post, the FN Supervisor position was “*very different*”.

I previously managed 60 people, now I manage just four, but it's the intensity of the supervisory role that is very different.

I would not have gone into a management role in my previous job, that style of management was not what I wanted, but this is what I wanted in terms of career development.

The Supervisors agreed that what they loved about the programme was the “*whole concept of early intervention work*” and “*this is what it's all about*”. As with the FNs, those Supervisors who had come from a health visiting background felt that the FNP allowed them to do what originally health visiting had been or should be like.

There's something in us that passionately wants young parents to get it right. That's quite a driving force, belief in the programme and belief that society wants us to get it right. And helping the young person to get it right is so much more cost-effective than leaving them to get it wrong.

I could see that the programme would make a massive difference and I had been a health visitor for so long and it [health visiting] seemed to just be depleting, and the FNP seemed to be more like what health visiting should be like.

One Supervisor said that she went home “*feeling I’ve done something worthwhile*” and there was general agreement with this. The work is very satisfying but also very tiring – “*emotionally exhausting*” was one expression used.

Other aspects of the role that the Supervisors liked was the fact that although were in a managerial position, the role still included clinical work:

It’s good being able to have clinical input, that’s a big carrot!

The thought that you’d have a team that you could develop in this way and have a clinical caseload.

However, Supervisors felt that more information about the job and the programme could be made available to potential applicants for Supervisor positions. Those who joined more recently said that while it was easier now to access information about the programme, “*in terms of access to info about the Supervisor role you have to talk to a Supervisor*”.

Possibly this is one of the reasons why the challenges of the role were sometimes not recognised by those who work around the teams. One issue raised by Supervisors was that the job is more difficult than it looks and people outside the programme did not recognise this:

Outsiders see it as an easier job, as it’s a small team, but it’s more challenging because of the intensity and emotional impact.

The fact that FNP is a licensed programme was a double-edged sword. Because it involves the delivery of a licensed programme the Supervisors are very restricted in terms of what they can or can’t do: “*It’s very rigid*”. On the other hand, though, this had brought benefits: it meant that it was something which employing organisations “*couldn’t fudge or water down because of the License and the evidence base*”. The credibility of the programme was seen as a key strength.

Because the programme is so credible, it gave me the opportunity to use the information against those who didn’t believe in it – GPs, HVs, school nurses, they’d heard of it but were slagging it off, saying it’s too prescriptive, but it is a fantastic thing to be leading and the FNs are saying how fantastic it is and the training programme is great, being a FN is the best job they’ve had. So it’s winning people over who were sceptics.

FN and Supervisor experiences

Training

Family Nurses

In general FNs were extremely positive about the training. They found the quality and the content were both extremely good:

The training is outstanding, really, the quality.

I felt quite wowed by the pregnancy training, having not had much opportunity to do training for a while as there was very restricted funding. I felt like I learnt so much. Especially pregnancy, it was exceptional.

Some felt that certain parts of the training could be improved, but generally there were not many comments about the content or nature of the training:

I was blown away by the pregnancy training. It brought together elements of all the best training I had ever been on. I liked the infancy training but I do think there's an issue with the PIPE training. That could have been better.

It could do with a bit more on child development, in terms of helping them to influence the parents, input on emotional and cognitive as well as physical. There's a bit of a gap. The compassionate minds module covers [child development] but you need simple stuff that you can share with the families, in a format that's accessible.

The thing about keeping clients on board and engaged has been difficult. It would be good to have more on that in the training initially.

The pregnancy training – some people thought there would be more around the physical aspects, those not from a midwifery background, there wasn't anything in it to help them.

It's the engagement with clients [that needs more input]. Also, preparing for visits. You can spend an hour preparing for three or four visits.

More help with relationship working as this is a big part of the job.

And some of the training, PIPE, you come to early on.... PIPE is more important than facilitation. There needs to be more emphasis on this because you can't get it from books, as you can the other stuff.

PIPE and the touchy feely stuff needs more input, we've struggled a bit, we now do a lot on this in our team meetings.

Mainly, where there were comments they concerned the timing, the intensity, the fact that the training sometimes did not fit well with the activities people were involved with at the time. They had been quite shocked by the pace; in addition there needed to be more time built in for consolidating knowledge and practising skills:

You'd only just done pregnancy and then it was on into infancy, while still trying to grasp the first bit.

You could hear panic in their voices [the other FNs] as they could not put it into practice.

It's fast and furious, it's at the same time as you are recruiting clients. The training was a bit out of synch with the issues we were dealing with. It could be spread out a bit so that it 'followed the journey'. One wave had been a 'fill in', they had been 'doing babies' when we had toddlers.

The first wave training had been even quicker, it's now been expanded, more spread out. But there's not enough consolidation time. Newer nurses are supposed to have one week's consolidation time to let them look at [reflect on] what they've learnt...you do get bombarded and you need time to consolidate and reflect. It's good to have time to go back and ask, 'can I just clarify? ...

One additional criticism was the quite heavy front-loading of the training. This also led FNs to feel rather isolated, they grew used to being immersed in the training with a group of people, and then suddenly there was no contact:

What's frustrating is that initially you do loads and loads of training and then after that you hardly get anything. There's initially a lot of social networking too, but then it stops and you really miss it. It would be good if there could be something like the buddy days, just talking about what people are doing,

The FNs were asked if they had any recommendations on this point. One recommendation was to have top-up sessions perhaps every six months. In particular when there are changes to the curriculum, they felt that it would be good to have a session to help them understand how and why those changes had been made. These could perhaps be regionally-based or perhaps more local. They thought that either these workshops could be one whole day every six months, or else perhaps two half days. In addition, several suggested having either a mentor or buddying arrangement:

Initially we had a buddy from the USA and it was nice being able to run things past someone.

The location of the training had caused some problems. Also, it had been difficult for FNs with children, being required to leave them for a week:

It's hard when you have children, leaving them for a week. The only way I'd change it is if it could be made more local but I realise there are people coming from all over.

The Supervisors also commented on the problems caused by the training for their staff. They said that a few of the FNs had not realised how much residential training there would be and some candidates had apparently removed their applications because of the extensive residential requirement. The Supervisors felt it was “just a big ask” for FNs with children.

The fact that the residential training had taken place so early on had caused challenges for some. The FNs said there had been a sense that some of the training was a bit intense, and the requirement to be immersed in the training for up to a week at a time was “a bit like being in a cocoon”.

Supervisors

One Supervisor felt that the extent of the training they were required to undertake in the first year it had not been made clear when she had been interviewed, and similarly the FNs have been shocked and horrified by this too. However, like the FNs, all the Supervisors felt the training had been good, although some did not like the residential session.

Again the issue of having to travel quite long distances for the training was raised. They assume that this is largely attributable to the FNP still being in its early days, and that as the FNP grows it should be more feasible to run it in the regions. Some of the Supervisors had found that at times the training simply added another stressor to an already quite long list:

There was a point in December when it was very intense and I was trying to manage annual leave amongst my staff and get going with clients and it was very difficult [to fit in the training too]. It's not the training arrangements that are the problem, it's the location.

In keeping with the views of the FNs, the Supervisors were generally complimentary about the training:

The training has been fantastic. The training is of a consistently high standard and it gives you what you need when you need it. It's well thought through.

One Supervisor suggested there was a need for the events to continue on a regular basis:

Every so often I need a 'top up'. You need the FNP events to 'get it' again, it's like being plugged into a battery charger. The regularity of the events is important and it's important the frequency isn't diluted.

As with the FNs, the Supervisors raised the issue of having some time to reflect, again mentioning the fact that they had simultaneously been establishing the team and trying to keep up with the training:

You usually have Supervisor training and then two to three months before recruiting the team. But there was just something about the supervision, something about the cycles and then straight into the pregnancy training, I wonder if there's something like management training as well that might have helped. I might have fared better than others because of my previous management work.

That Supervisor pointed to the possibility of adding a component to the training that would focus on management. However, on being asked if anything should be added to the training programme, the initial response of one group was 'God no!' The idea of even more being added to the programme filled them with alarm. However, eventually they also did identify some issues that could do with more attention:

Well, perhaps. The last time we did training on teams it was painful. You need something on team dynamics as a more integral part of the programme from the start. Otherwise it can be a toxic topic. Plus you need to be made aware of how emotional the work is and how it may impact on them, self-awareness.

Some of the supervisors thought that the training groups had been too big, "groups of ten or twelve are too intimidating". One said that "some of the nurses were in meltdown". Smaller groups for training were generally viewed as better.

There had been one session early on when one of the other [earlier wave] teams had come in "and did a vaguely disturbing presentation, there was crying, they said how they all went out as a team in the evenings, the clients ring us when we're on holiday...". This was felt to have given a very bad impression to their own FNs:

In a training session you expect people to be professional and I thought this was a bit scary and not helpful and I spoke to my nurses about how we were not going to be like this.

... and it was against the stuff we'd done on maintaining boundaries.

But the Supervisors had apparently fed this information back to the FN National Unit and believed that their comments had been heard and acted upon.

Work

Experience in the role

Family Nurses

All of the FNs were enthusiastic about the role although they recognised that they faced challenges almost every day:

It's better [than my previous job], 100 per cent. You're working in a strengths-based way, although you really need to examine what that means.

Nonetheless, some of the FNs had been unprepared for how challenging the work would be or how tough the clients would be to engage and work with:

With health visiting you don't see [the clients] so often and often it's for other reasons. These clients have huge emotional issues. But other than that, the pressure of the fidelity programme, getting the numbers in, representing the team...it's very challenging.

The complexity and intensity of the work is on a different level and you do get supervision but I was unprepared for the level and intensity, you do get trained but it is all very intense.

Supervisors

Many of the supervisors said that it had all been rather too much; they had a lot to deal with all at once:

... trying to climb out of the pot into management, recruiting, training, everything.

One said that she had not realised until she went on the programme training that she had to order 'all these things':

As soon as you start the Regional Development Lead should come and talk to you about the things you will have to buy. There was no budget code, if we had had some guidance in addition to the 'management file' it would have helped, eg if they told you that you could get this item cheaper from company X than from company Y, rather than having to find it all out for yourself. They should capture the learning from those other waves on a couple of A4 sheets.

The management file tells you so much but not the nitty-gritty that other people can tell you about. At one meeting the commissioner and the implementation lead were saying 'You should have done this', fighting over things that should have happened.

Things had been assumed by the Development Leads to have happened which had not in fact happened. The Supervisors felt that such issues needed to be more rigorously checked. As an example, one team had not had a connection to the Internet when they started and did not have it for months. They had bought laptops but then had been unable to connect them to the Internet:

The implementation lead assumed that more had happened than had, it was all very ad-hoc.

Work supports

In this section we consider the factors that affect FNs and Supervisors in their everyday life, starting with the supports available to them.

Family Nurses

The FNs felt it was enormously important and beneficial to have people together as a team. FNs at sites where there were early and later wave teams on the same site, or nearby, was felt to be particularly beneficial:

... and also to have experienced colleagues to help – having the new and the old team together is the best of both worlds.

Most of the FNs felt that having the weekly sessions with their Supervisor was a really positive part of the support structure, as was access to the psychologist too:

It's a real strength that that structure is there, you need the weekly supervision. Having missed some weekly sessions because my Supervisor was off sick made me really appreciate them, I felt that my 'brain was carrying too much'. I could still do the work and do it safely but you really need someone to go through the cases with, check that you are not ignoring any risks.

I couldn't do the job without weekly supervision from our Supervisor. The psychology supervision is invaluable too, and peer support is also invaluable.

In addition to having weekly team meetings and weekly supervision meetings, one team also had a 'skills day' every three months when they have refresher sessions on communication, PIPE, Dance, or just a general recap which the FNs felt were a real help to them.

Supervisors

While the Supervisors generally did not complain about their meetings with their own line managers, neither were they as positive about these as the FNs were:

I do feel supported and my line manager has been a good buffer between me and the senior managers, during the transitions and the various messes.

The problem is the fact that because it is a discrete project it is difficult for managers to understand it, if they're supportive it's because it's part of their skill set. My line manager is supportive but their understanding of the FN work is limited.

Where they were very positive, though, was around the support they had received from the FNP National Unit. The general view of the National Unit was that they are excellent, 'high calibre'. The Supervisors said that they do feel "part of the FN family" and can contact them when necessary. In particular they felt that the way in which the National Unit facilitated contact between the Supervisors is very good:

Without these meetings I would have sunk.

In particular the Supervisors said there was a level of isolation in their work but the 'easy communication' with the National Unit helped them feel supported:

Long may it last! We'll still need it as FNP grows. You need that ongoing support no matter how experienced you are.

The Supervisors also commented on the 'invaluable support' they had received from the National Unit in helping them to make sense of the data requirements:

The data in some places made no sense, and being able to talk to the person in the FN Unit about the data and unpick it was most helpful, understanding what fidelity means.

The FNP online website was also considered to be good, although "perhaps not great":

It can be difficult to find your way around the site, but will probably get better. It's not the best laid-out site but the Unit has acknowledged this.

Constraints and stresses

Family Nurses

Although the FNs had spoken openly of the love they had for their jobs, nonetheless they all talked about the extremely demanding nature of the job. This aspect alone was making some of them start to question how long they would be able to cope with the level of demand:

It's emotional labour and it is emotionally draining. The emotional impact of this role is like nothing I've ever seen before. That is the thing that would have me

thinking I couldn't do this forever. And thinking of the three year path for every new client. And for 25 clients. That's the thing that isn't listened to.

Because of the style of the work, and the therapeutic relationship between nurse and client, it was not really appropriate for FNs to take over clients from another FN if there were problems or the nurse went on holiday. This meant that FNs were subject to even greater pressure before and after going on holiday, and several said they felt constrained to taking no more than one week at a time:

So it is very concentrated working each side of a holiday. I did not appreciate how intense the relationship would be. It's so very emotional.

Some FNs were being held to a requirement to work a minimum of four days a week and this could be difficult to cope with. The emotional exhaustion was already starting to make some people think about how much longer they could contemplate coping with the demanding nature of the work:

I am very tired, partly because previously I was working only three days a week, now I am going to go down to four days a week, they would not agree to anything less than that. I will probably do two and a half more years and then stop because it is a demanding job. I don't think I could keep it up, it's not a job you can coast along on. I wouldn't want to be a Supervisor. My Supervisor is good but gosh she works hard. And there's a lack of support.

One FN group had a different working arrangement from the others, in that the nurses are dispersed in the community rather than sharing an office base. For that group, not being able to share the daily stresses and strains with their colleagues and offload their feelings constituted an additional stress.

The FNs also pointed to a problem that could exist with some other professionals who viewed the FN role as an 'easy life' because of their 25 client caseload (compared to for example 300 for health visitors):

In general the health visitors have the most negative view. It's because the roles are so similar and because of the caseload issue. Social workers tend to be ok, they value us. We take quite a lot of their role off them. Various children's centres have been helpful. They're interested and very obliging and helpful. They also have a common interest in the teenage population and recognise the need for support.

It's sometimes difficult as we work differently. Other services do not tend to work in a solutions-focused way, they are more reactive and quite often have a blame culture mentality.

Some colleagues from other professional groups had accused FNs of trying to be their clients' friend, of colluding, or of not being aware of the risks posed to children. Unsurprisingly the FNs took such comments to heart.

Supervisors

There were several allusions to the role of the FN supervisor being a lonely job:

The nurses have each other but the Supervisor is isolated.

The Supervisor is seen as the person who has to fix everything. It can feel a bit of a lonely place.

Supervisors said that the part of their work that they found the most challenging was confronting people about performance management. The nurturing and developing parts of the role came more easily. In particular, the early emphasis on bonding had served to make this part of the role all the more difficult:

It's like a discrepancy in the role. You're encouraged to be part of the team (although that's changed in later waves), it was about team performance and bonding, going through the training together. With hindsight I should not have been so much of a buddy as it then makes it difficult when you have to do performance management.

Given the comments made by the FNs about the workload and the emotional labour aspect of the work, it is perhaps unsurprising that the Supervisors found that trying to support their FNs was a large component of their jobs and quite a stressful component at that:

It gets hard to maintain the expectations of FNs, and when they have big case loads and much complexity [in those cases] then you can struggle....especially when there are new people coming in and they are all at different stages and case loads are increasing and the FNs get tired, so they can struggle a bit.

After having a full case load one was close to burnout, but is now 'graduating' some clients. But the work is very intense and they do have a high workload, and it can be difficult especially when clients start to disengage. Keeping the nurses engaged and recognising it's not personal [if clients disengage] is important.

IT and Administration

Family Nurses

Many of the FNs commented on how valuable it is to have an administrator to deal with the paperwork. Without that support things could become difficult:

For us it's good administrative support, you cannot overestimate the importance of that. And functioning systems. You really need someone to say 'X will be due ASQ forms at their next visit' etc.

However, several of the teams had had problems with their administrative support and in some teams this appeared not to have been resolved. It added to the workload burden that FNs and Supervisors had to deal with themselves:

We have had to do our own admin and it is terribly frustrating. Our manager does ten hours extra a week on admin, we do several hours extra. We're cross with her manager (the FNP lead) because she's put us in this position.

The FNs also expressed frustration at the problems they had encountered with IT systems and with seeking help:

It would be good if there was someone who would just talk you through your problem, someone you could talk to but instead they send you an email when you can't get into the system and so can't get your email.

Supervisors

As with the FNs, the supervisors also spoke of the difficulties they had encountered with administrative and IT support. Many spoke of having no administrative or IT support for months:

We did not have any admin until March this year....that stuff made people's lives more difficult than they needed to be. We were putting the team in place, and planning and developing strategy, without this support.

Several Supervisors reported long term IT problems: four months in one case, nine months in another:

I don't know what I expected but it has been a lot harder, working with clients I enjoy, the difficulties are with IT, we have two databases to input into and it's not so easy in the community [ie when with clients] to use the database, even at home it's difficult to use the laptops as they're so slow or so difficult to use, there's always something that doesn't work, there's not good IT backup.

Another referred to the same problem that one of the FNs had identified, in that they had previously been able to call IT and talk to them; now they had to log a call and get them to call back:

There is frustration in the team with this, it's the one big thing.

Career intentions and destinations

Family Nurses

Although the FNs and Supervisors generally could not envisage themselves going back into universal services again, nonetheless, as indicated in the earlier sections they questioned the length of time for which they could continue doing these jobs:

There's a lot more job satisfaction and the thought of not being able to do this role and going back where you don't have that role, that continuity, time, scares me. It's not where I'd want to be. I'd want another role that fulfilled those aspects.

There's only so many times you can do the FN 'three year cohort' as it's emotionally draining work. Where do I go from here? And you get used to the pay. Some people may be willing to take a pay cut to move but not everyone can afford to take a pay cut.

However, if they wanted to progress within the FNP, there were problems with that option too. As we also noted elsewhere, there can be challenges for FNs in these posts to gain the experience necessary to progress into a Supervisor's position:

That's why perhaps you'd move out then back in, as you'd need the experience. You need management experience.

The job description asks that you have experience of leading a team and the longer you are a FN the further away you get from this, whereas as a health visitor or midwife you would do this.

Whereas in other jobs in health they might have had the opportunity to become a team leader and develop supervisory skills, the FN teams were not organised in the same way – there are the Supervisor and the FN roles only. There is no real opportunity to shadow the role either. At the same time the FNs recognised that they were in relatively high band posts and this too could cause some problems when contemplating the next career move:

It's tricky because of the band we are in and what other roles are banded at. There's no particular career pathway and it's not clear that your progression would necessarily be into a Supervisor role as the development is not there in supervisory skills. I'm not sure I could build up these skills.'

Other issues

Updating knowledge

While there were arrangements in place that allowed some of the experience of the staff in the earlier waves to percolate down, at the moment the sharing of experience tended to be one way. FNs felt that a way needed to be found to enable some of the knowledge being developed by the newer waves to be fed back to the longer-standing teams.

Cover

Supervisors suggested that it would be good to build up a bank of FNs who could be available to provide cover. They reported that the pressure that their teams were under when they had to cover for sick or pregnant FNs was “immense”.

Contracts

Some focus group participants were not on permanent contracts, and felt this did not send a good message:

We would like permanent contracts for security and to feel valued by our trust.

Words and images

Descriptions of my life in the FNP

BUSY

- ▶ Demanding of my personal time
- ▶ Rewarding to see clients change - some in small ways and some in larger ways
- ▶ Frustrating at times when databases not working properly and poor IT support
- ▶ Lack of admin support has been immensely frustrating and demoralising for the team.
- ▶ It has been lovely working with teenagers and their families.
- ▶ Great working in small supportive team. Not so good training poor support within the HV service and lack of understanding of the FNP role.
- ▶ Overall it has been rewarding but very exhausting as a job.
- ▶ Juggling work-life balance is very DIFFICULT!

- ▶ I enjoy my job.

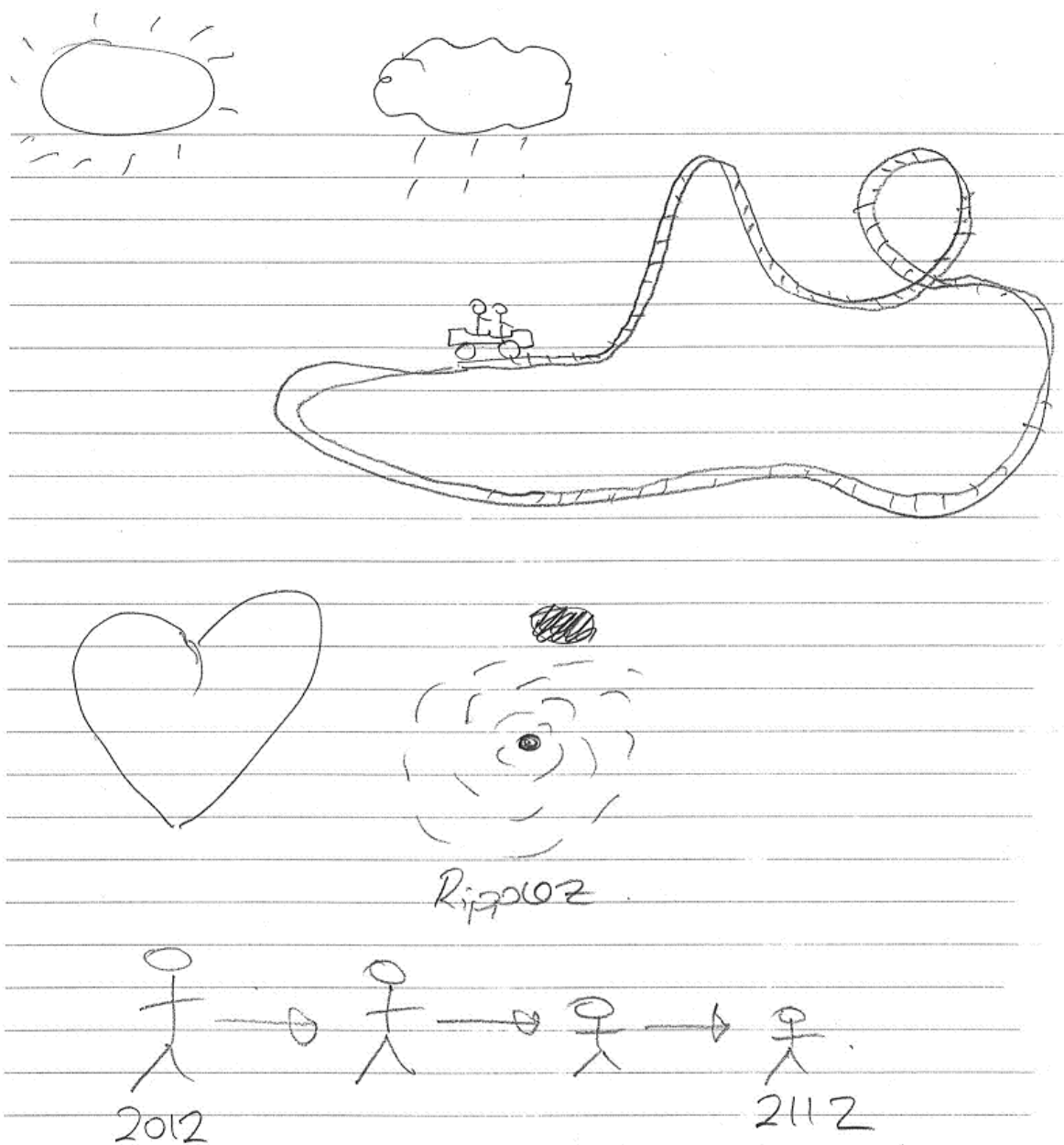
- ▶ I like my clients.
- ▶ I appreciate the supervision and support I get.
- ▶ I sometimes feel anxious/pressurised as the workload is heavy ... never ending.
- ▶ I am not very well organised so need help with this (admin., systems, etc.)
- ▶ I feel more skilled since becoming a family nurse and have enjoyed all the training.
- ▶ I would like more time off now as I'm older and have lots of interests.

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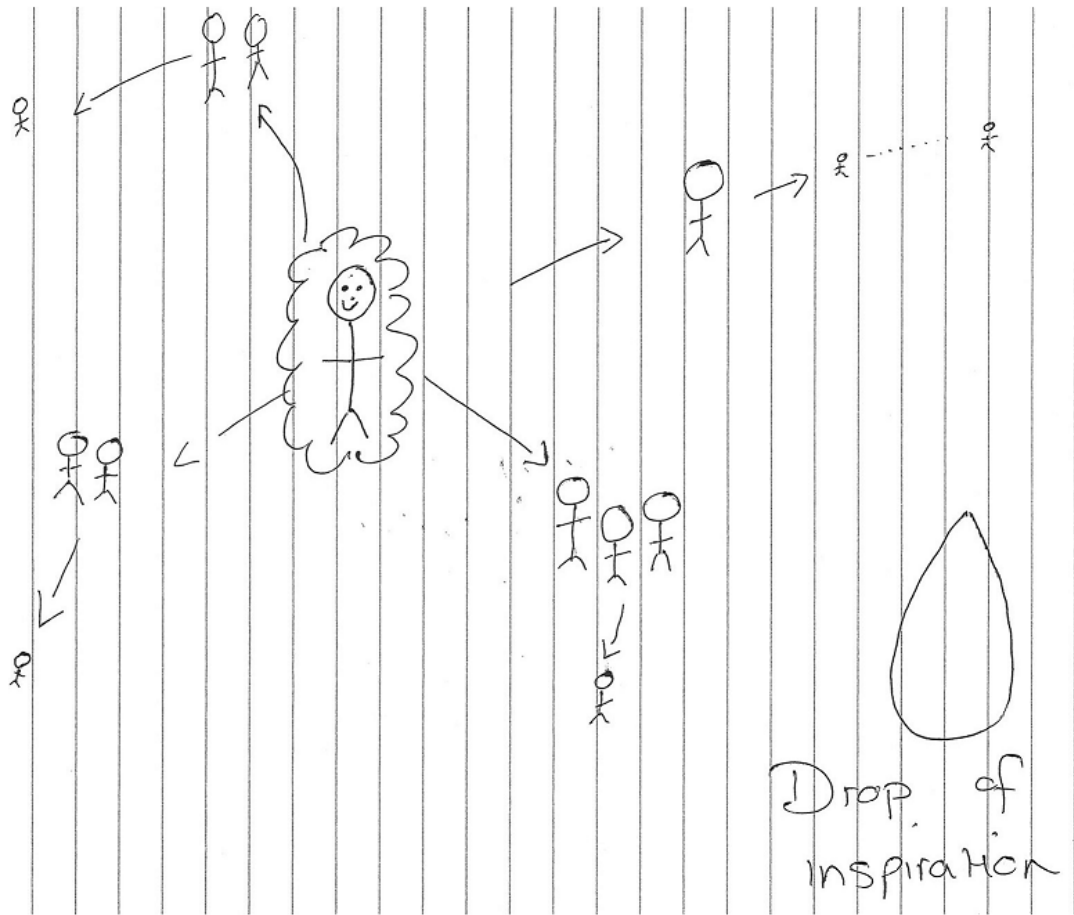
- * Fantastic job
- * Challenging in every way
- * Stimulating training
- * Great team of hardworking nurses
- * Organisational support
Challenges
- * Motivated to evidence the outcomes
across the whole
childrens partnership
- * Making a difference for clients.



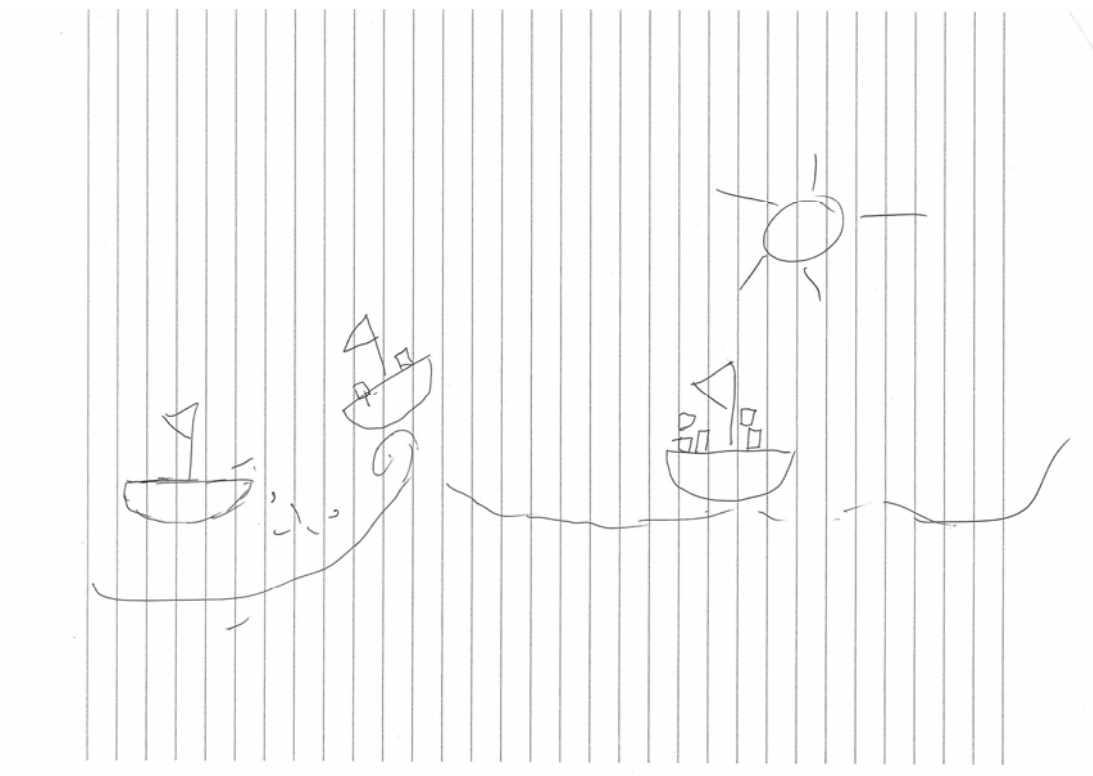
Drawing 1



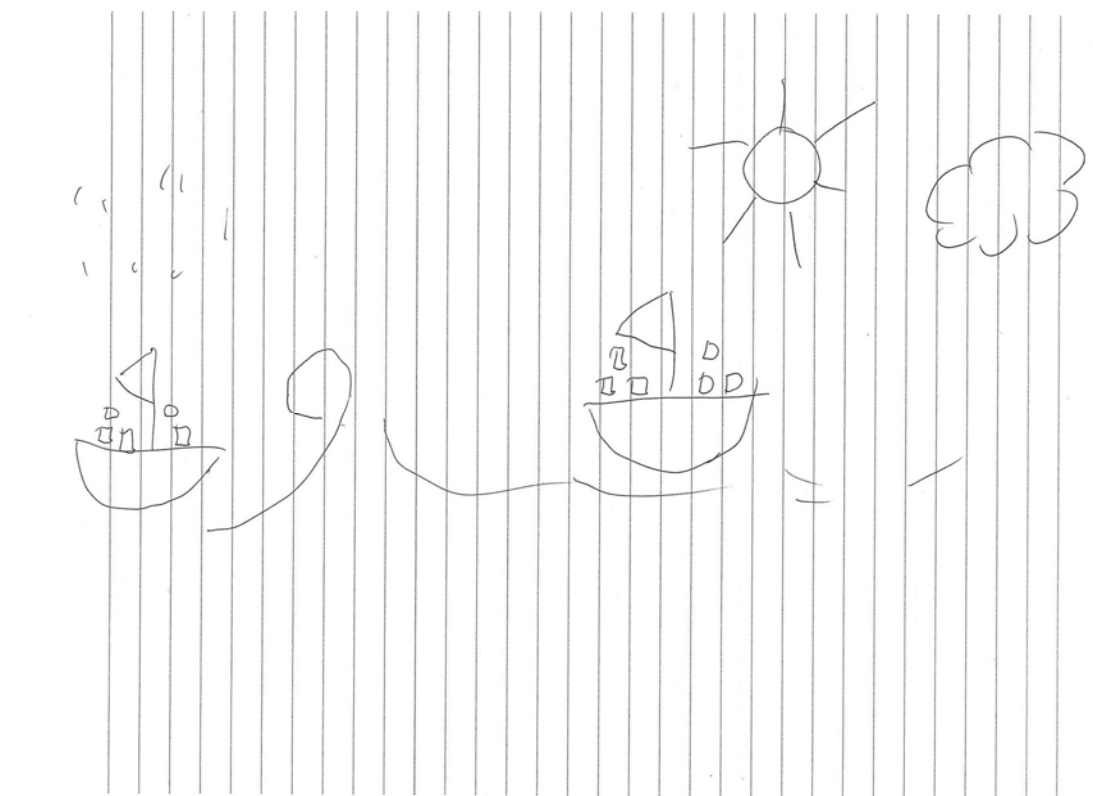
Drawing 2



Drawing 3a



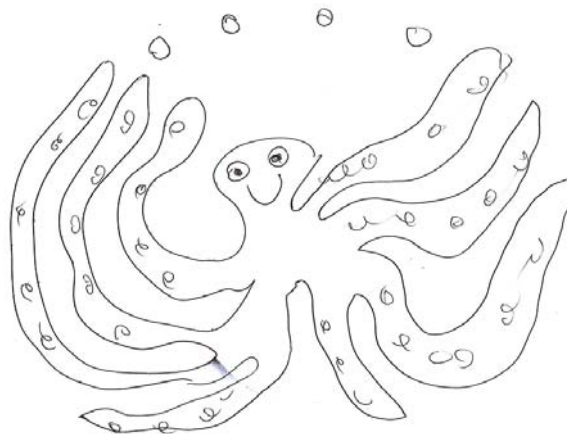
Drawing 3b



Drawing 4

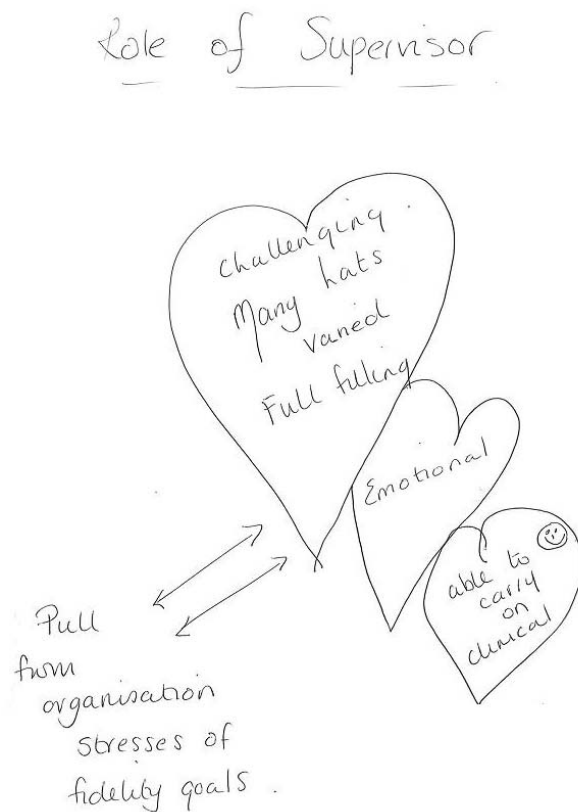


Drawing 5



lots of arms & legs to learn
 Manage, supervise, lead.....etc
 & juggle the demands of FVP,
 the team, the organisation - training
 Being flexible & adaptable
 Always with a smile
 & enjoyment, satisfaction & challenge

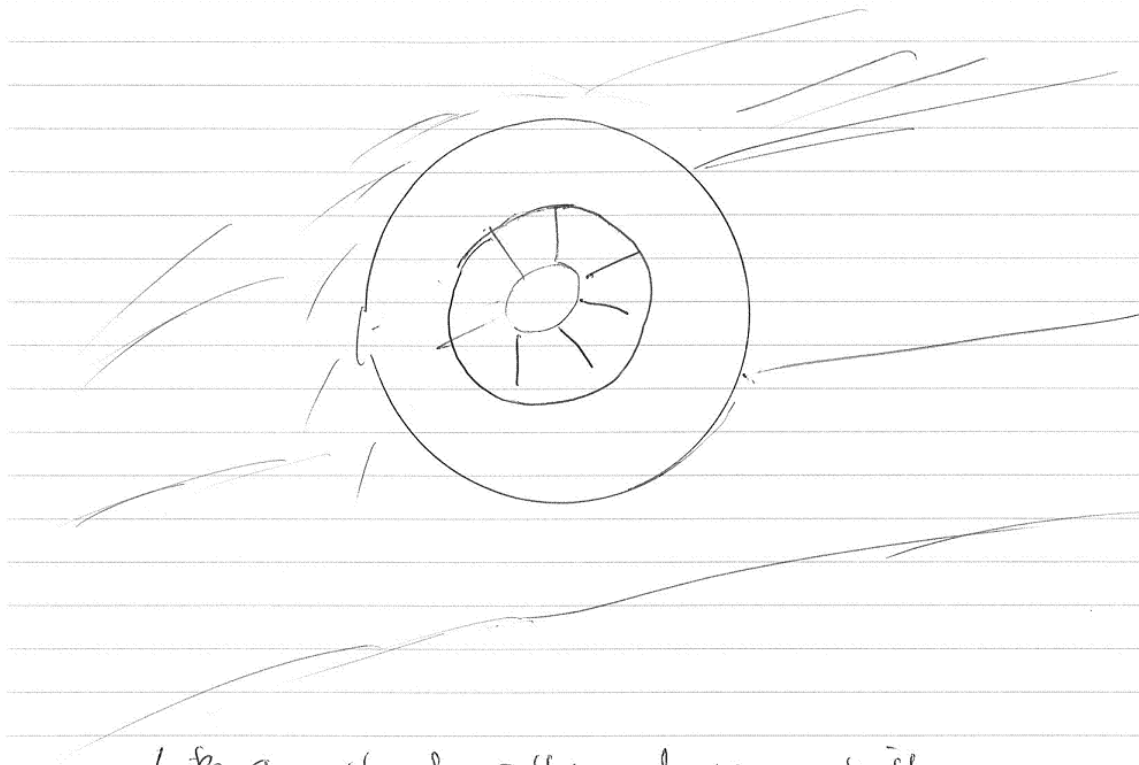
Drawing 6



Role of FNP Supervisor

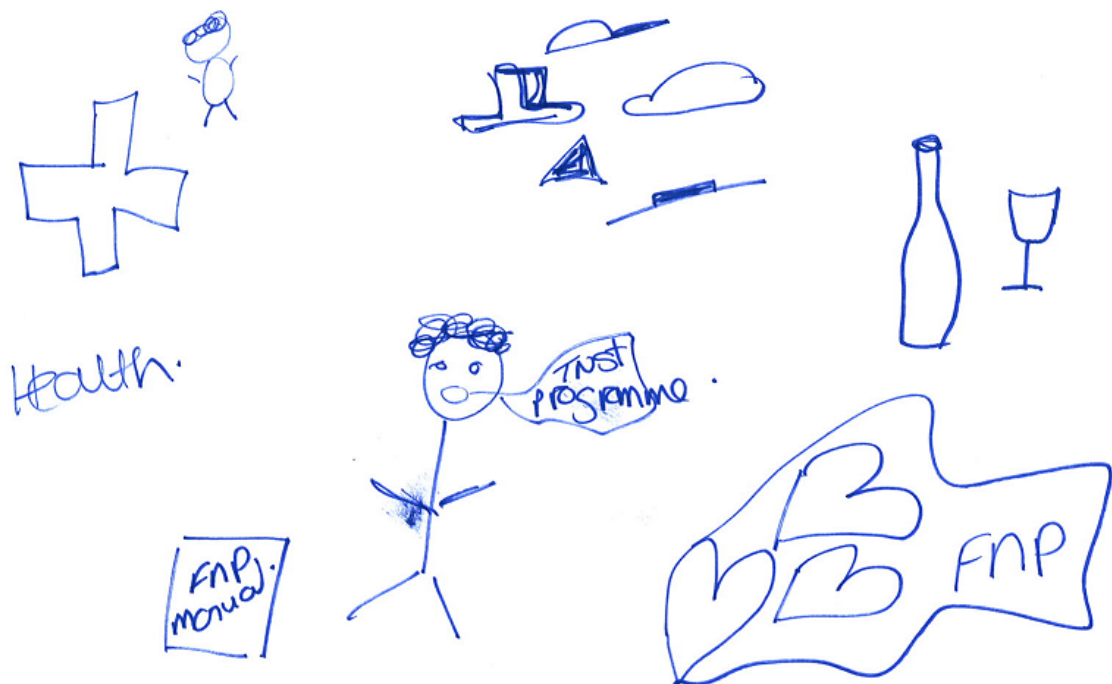
- * Compassionate
- * Brave ... courage
- * Emotionally intelligent
- * Role model
- * Critical thinker
- * Visionary
- * Credible
- * Caring
- * Leader
- * Team player
- * Passionate
- * Hungry for knowledge

Drawing 7

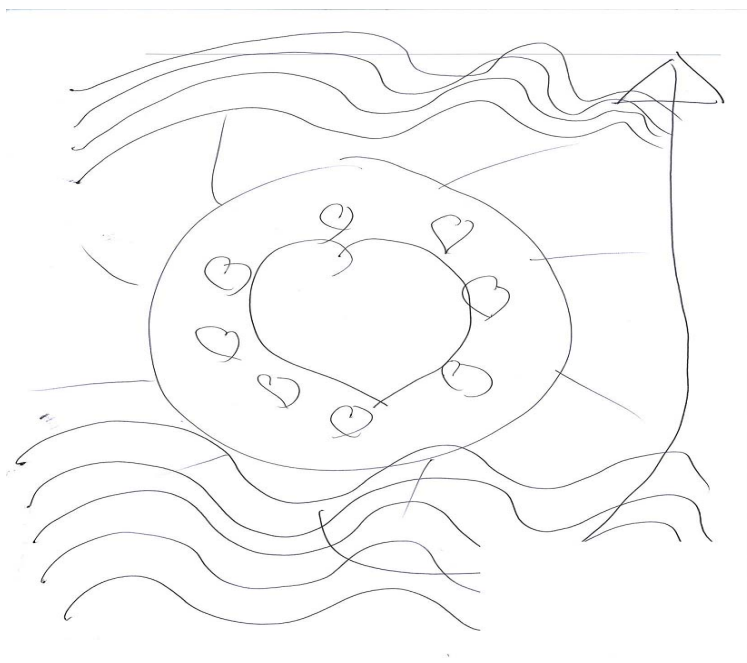


Like a wheel rolling down a hill
gradually building up speed.
Rolling over bumps + carrying on going
with the road clearly ahead.

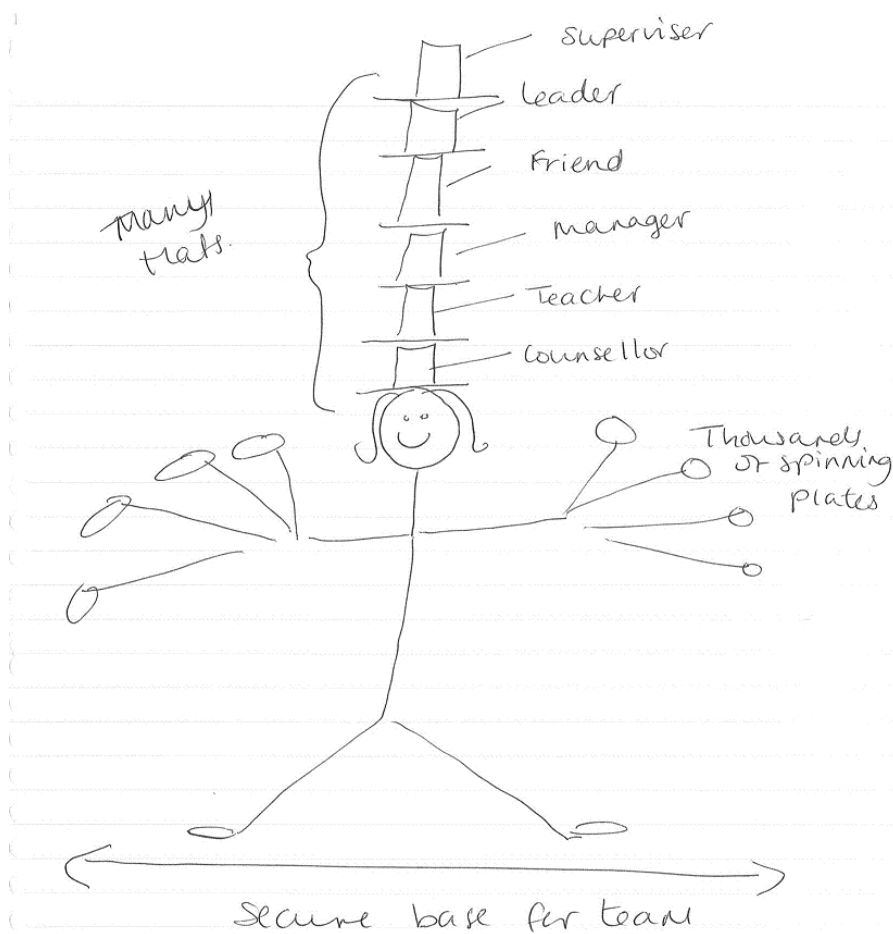
Drawing 8



Drawing 9



Drawing 10



Summary and conclusions

FN and Supervisor jobs are highly rewarding but highly demanding and therefore potentially stressful. A common phrase that was used in the discussions was 'emotional work'. There is little opportunity to step away from the work for any length of time because of the need for ongoing contact with clients. This is exacerbated by the fact that, at present, there is no possibility of 'back-fill' – there simply is no pool of trained individuals who can step in at times of illness or leave, and in any case the programme is based on establishment of a trusting relationship between the client and the FN, which effectively precludes the introduction of third parties in this way.

The high emotional demand of these jobs has already led several FNs and Supervisors to question how many 'cycles' of clients they would be able to work with before finding they were unable to cope with any further cycles. This is exacerbated by the particularly intense work that is required at the outset – to establish the relationship and ensure the client does not withdraw after sign up – and at cycle end and termination of the relationship. Two complete cycles appeared to be the point at which both FNs and Supervisors started to question their emotional stamina, although it is also true that some focus group participants could not currently envisage working anywhere else, such was their enthusiasm for the role and the FNP.

The sense of overload and emotional draining had been compounded for some of the FNs by the requirement that they work a minimum of a 0.8 week (although we know from the survey that some were being allowed to work shorter weeks than that). Some had gone from a previous part-time post into this new, demanding and full-time role (or at least more hours than they had previously worked). In some cases they had found this very difficult to cope with; indeed one gave this as the reason she was about to leave the FN role. This lack of flexibility around working hours, along with the requirement during training that they spend significant lengths of time away from home, made it difficult for some mothers with dependent children to take on these roles.

While the great majority of FNs and Supervisors were very happy with the work and in many cases seemed to feel it was their 'life's work' (ie the job they had always been seeking) nonetheless some – particularly those who had been in post for a few years – were starting to contemplate what their next role might be. However, it could be difficult for them to see a way ahead after these roles.

Supervisors believed they would most likely have to take a pay cut if they wished to move to another clinical supervision post (as they are in relatively high bands for people supervising small teams). The other option would be to move into mainstream management, which most did not find an attractive option: often they

had moved into these posts because they disliked the type of remote management style they had been forced into in larger departments.

For FNs, one option might be to move into a FN Supervisor's post. However, one problem was that these posts are not very numerous at present (although the programme is being expanded and more supervisory posts would be becoming available over the next year) and there is little turnover. Of more concern to the FNs was the fact that the way in which the teams were structured – essentially, they were flat structures comprised of Supervisors and FNs with no intermediate level or role – precluded their gaining the type of team leader experience that the job description for Supervisors states is a requirement. In some cases they went so far as to say the FN post 'actively unfitted' them for progression to a supervisory position.

There was a further, some might say perverse, aspect to the roles. On the one hand the posts were aspirational, rewarding, and typically provided FNs with the types of client involvement they had desired in previous jobs. However, this in itself constituted a problem. The job was one that FNs had striven to attain; once they arrived, where could they go, especially in the absence of any obvious developmental route? One supervisor told of how one of her FNs had left because, she said, the FN role was a 'destination job' not a 'journey job'. For the younger FNs in particular (and by this we mean anyone under the age of 45, in other words with another 20 years or so of working life ahead of them) while they found themselves in their 'dream job' they also found themselves facing a lack of further development, change or progression for the remainder of their time in post. Even were they to find an appropriate development programmes (and funding) secondment was precluded by the types of back-fill issue identified earlier. For some this sense of career stagnation was starting to get in the way of the joy of their current job.

ANNEX 3: INTERVIEW PROCESS

Discussion Guide: Family Nurse Leavers

Date of interview:.....

Name:.....

[If employed] Current job title and organisation:.....

[If not employed] Current situation:.....

IES researcher:.....

Introductions

Introduce self and IES and give some background about the study: it's been commissioned by the FNP National Unit, to find out more about the Family Nurse workforce. As part of this study, we are interviewing some former Family Nurses. We especially want to know more about how you came to be a Family Nurse, your experiences in the role, why you left, your current role, and your career plans. Stress that no individuals will be identified in the report, and that leavers' names will not be passed back to the FNP National Unit.

Discussion

1. Tell me a bit about how you came to join the FNP.
 - ☐ How did you hear about it?
 - ☐ What made you decide to apply?
 - ☐ What was the main attraction for you?
2. Where were you based, and how long did you stay in the role?
3. While you were a Family Nurse, what was your experience of the role? Was it more or less how you expected it to be?
 - ☐ What were the best bits?
 - ☐ Did anything surprised you?
 - ☐ Were there any disappointments with the role?

- ☐ What was not so good and could be improved?
4. Why did you leave? If not mentioned at Q3, probe for:
- ☐ Wasn't what I expected (why: Too demanding/stressful? Unrewarding? Too much focus on just one group of clients/patients?)
 - ☐ Didn't like the work
 - ☐ Got offered another job
 - ☐ Family reasons eg taking a career break
 - ☐ Had to move away from area
5. What are you doing now? (job title, role, organisation)
6. When you were a Family Nurse, what sort of support did you get within your team?
(Prompt if necessary for support from supervisor, admin support, support from wider organisation, support from FNP National Unit)
- ☐ Was it sufficient?
 - ☐ How well did supervision work?
 - ☐ Did you meet up with their colleagues sufficiently often? (How often was this?)
7. Did you work with many other health care professionals? Who are the ones you most often worked with?
- ☐ What were your working relationships like with other staff groups?
 - ☐ Did other healthcare professionals understand your role?
 - ☐ Did you find it easy to explain your role?
 - ☐ Did you find other healthcare professionals helpful? (why do you say that)
 - ☐ How about other professionals you met outside health, eg within social care?
8. Did you complete the training? What did you think of the training? Was it in line with what you were expecting, and did it prepare you well for your role?
- ☐ Was it sufficient?
 - ☐ Any areas where you felt you might have appreciated more support or content that could be strengthened?
 - ☐ Could any of the timings for the training be better arranged?

- Anything that should be added to the programme?
- 9. *[For those in work]* What attracted you to your **current** role? In what way(s) is it better than being a Family Nurse?
- 10. What are your future career plans now? Might you return to the FN programme? Why/why not?
- 11. Do you have any suggestions for how it might be possible to improve the FNP programme and services?

Summing up

- 12. When you describe your time as a Family Nurse to other people (eg current colleagues, family, friends), what words do you use? Are you glad you spent some time as a Family Nurse – was it a positive experience? If people ask you about the Family Nurse Programme, do you recommend it as an area to work in?
- 13. Do you have any other comments?

Thank interviewee for taking part, and explain that we'll be producing a report for the FNP National Unit over the summer.

Discussion Guide: Interviews with FNP Leads and Child Health Services Managers

Date:.....

Name:.....

Job title:.....

Organisation:.....

IES researcher:.....

Introduction

Introduce self and IES and give some background about the study: it's been commissioned by the FNP National Unit, to find out more about the FN workforce. It involves surveying the FN workforce and conducting focus groups with FNs and Supervisors. We also want to understand the perspective of senior managers, in particular who and what influences decisions about whether and where to establish an FN team, and how well FN teams fits into existing support services for vulnerable mothers and babies.

Background

1. Please outline your current role and its key responsibilities.
2. When and how did you first hear about Family Nurses? What were your initial reactions? Has your view of FNs changed over time (how)?
3. Do you have FN teams in your area? If so, how many and when were they introduced? If no, are there FN teams in neighbouring areas?

For those with FN teams

4. Were you involved in putting together the initial proposal to have an FN team/FN teams in your area?
 - ☐ What was the background to the proposal? Were there any particular prompts to this? For example:
 - ☐ Did you have a particular problem you needed to address (what was this)?
 - ☐ Had there been any data to cause you to look for ways to improve the service (what were they)?
 - ☐ Had you previously worked in an area that had successfully introduced FNs, so thought it was a good idea?
 - ☐ Who else within your organisation drove/supported the bid?
5. When were FNs introduced in your area, and what have the main benefits gained so far?
 - ☐ Have you been tracking progress by monitoring data? If so, what data and have the data demonstrated any impact?
 - ☐ Has the FN team been as effective as you felt it would be? If more or less:
 - ☐ What's been better than you expected/what's not been as you expected?
 - ☐ Why do you think that is the case?
6. Has it been fairly easy to recruit to the FN and Supervisor positions in this area?
 - ☐ If no, why is that? What have been the main challenges?
 - ☐ If yes, what is it that attracts candidates?
 - ☐ Do these roles represent a good career option for nurses?
 - ☐ Who might be mostly attracted to Family Nursing, in terms of background, qualifications and experience?
 - ☐ Have any other services suffered because they have lost people to Family Nursing? If yes, how?
7. Do you feel that the training equips people with the right skills for the role that's envisaged for them?
 - ☐ If no, what else is needed?

- ☐ If yes, what's good about the training and/or the way it's delivered?

For those without FN teams

8. Is your area planning to introduce FNs in the future? If yes, why? *Probe for*

- ☐ Been impressed by what you've seen in other areas
- ☐ Have discussed with other managers and been persuaded
- ☐ It is agreed part of local strategy now

When will you be introducing them?

If no, why not? *Probe for:*

- ☐ Lack of funding, or other priorities for funding
- ☐ Scepticism about the benefits, or wanting more evidence before deciding
- ☐ Tackling the issues of vulnerable mothers/babies in another way (how?)

9. Have you lost any of your workforce to FN teams in neighbouring areas? If yes, what types of staff, and what impact has this had locally? If no, why is this?

For all interviewees

10. Are there any issues OR Do you anticipate any issues to do with integrating FN roles into existing service provision? What are these?

- ☐ Are these roles accepted by other healthcare workers?
- ☐ Are these roles widely understood?

11. What's your view of the current scope of the FN role? Do you think the role will need to change at all in the future?

12. Any other comments?

Thank interviewee for taking part and explain that we'll be producing a report for the FNP National Unit over the summer.

Describing their work



ANNEX: PEN PICTURES



Bernadette Mitchell
Family Nurse, Peterborough

How long have you been a Family Nurse?

Since January 2012

What was your last job, before becoming a Family Nurse?

I worked as a Children In Care Nurse within a Safeguarding Children's Team.

How is this job different from any you've had before?

It's a total turn-round in my thinking process. We don't tell people what to do, so I've had to turn my thinking upside down. It's a long term, therapeutic relationship with the girls - much more intense than the relationship I had with clients as a Health Visitor.

Could you talk me through a typical working day?

No day's typical. We have a team meeting in the morning, sometimes short, sometimes longer with case presentations or maybe people from other agencies coming in like midwifery or housing. We always have visits booked in, though these can change like the wind. There's prepping for visits, and afterwards entering the data on the computer.

What do you do when you visit your clients?

We follow a structured programme, so it depends on the stage - at the moment some girls are pregnant, some are about to give birth, some have new babies. We have a plan for each visit. We do quite a lot of practical demonstrating, using dolls. We match their agenda, though, so we're led by the girls in a sense - they might have issues about housing or domestic violence. The visits take about an hour and a half.

What sort of challenges do your clients face, and what sorts of things do you do to help them?

They have huge challenges. Housing is a really big issue - some might even be homeless. Their parents may have rejected them, their boyfriends may not be supportive, they might have money issues. Some of them are under 16 and still at school. We use our links to introduce them to people who can help with housing, benefits, school, getting furniture. It's a whole package, really.

Are there special qualities you need to do this job?

Empathy, definitely. You need to be caring, practical, pragmatic.

Will it be difficult to say goodbye to your clients at the end of two and a half years?

For sure. We already really care about our girls - what happens to them, their difficulties. The professional part of me says I'll have to move on, hopefully having made a difference. It's a close relationship, but maintaining a distance.

Are there any touching or awe-inspiring moments in your job?

Yes, it's quite moving when we've done some work and the girls come up with answers from work we've covered before - a wow moment! Despite teenage lack of interest, they've hung onto it and absorbed it!

Is there anything you're particularly proud of?

Yes, that nobody's said no to me so far when I've gone on a recruitment visit!

Do you have any tips for coping with the emotional highs and lows of the job?

I let it all spill out when I come back to the office, and in supervision and psychology sessions. I talk it out.

What are the very best bits about being a Family Nurse?

It's largely to do with the relationship with the girls - bringing them forward, helping them to achieve being good mums. They all want to do this.

Could you give me some words or phrases to describe what it's like to be a Family Nurse?

Fun, hard work, very satisfying, very frustrating, all in all it's a great job!

What would you like your next job to be?

I have no plans to look for a next job. I don't want to do anything else, this is the best job I've ever had! As a service, it's just what these girls need.



Family Nurse, Haringey

How long have you been a Family Nurse?
Since September 2010.

What was your last job, before becoming a Family Nurse?
I worked as a Health Visitor.

How is this job different from any you've had before?
It offers an opportunity to be more nurturing. There's a heavy emphasis on listening and being available emotionally for clients. It appreciates the time required to deliver the Programme, which can't change people overnight - it respects clients and recognises that small steps take time. You ride the tide with clients, you're with them through thick and thin.

Could you talk me through a typical working day?
I'm usually on the computer first thing, doing emails and catching up, and checking messages and mobile texts and responding. Then I contact clients, and after that I'll do visits. It's always a full-on day - even if visits get cancelled, there's always something to do.

What do you do when you visit your clients?
It varies a lot, depending on how things are. There's always a greeting for the mother and baby to find out how they are, then a revisiting of objectives from last time. Then we move on to the facilitators for that visit. You need to be flexible, though, because each client's agenda is very different - the initial conversation might take you in another direction. You have to be guided by individuals. Some just want to talk.

What sort of challenges do your clients face, and what sorts of things do you do to help them?
Our clients are still developing themselves - they're teenagers, trying to make sense of their emotional needs. Relationships are often challenging, with family, friends, their baby. Some feel they're being stereotyped and judged by people, so they try to hide their pregnancy and stay indoors. They have low self esteem. We have scaling questions that we can use to help assess their self view. General living can be

a big challenge. We try to help them feel they're a worthy individual who deserves a good life.

Are there special qualities you need to do this job?

You need to be compassionate, open, non-judgmental, genuine and honest. You need to appreciate everyone - young people see through it if you're not genuine. You need to know how to be an advocate.

Will it be difficult to say goodbye to your clients at the end of two and a half years?

Maybe with some. I've lost a few along the way because housing wasn't available in Haringey and they had to move to other boroughs. One girl thought she wouldn't be able to cope, with this, but she has. One girl disengaged because her mother said she should. She was my first who moved on, it made a big impact on me because I felt she was losing out and could have gained so much.

Are there any touching or awe-inspiring moments in your job?

After we'd had a discussion about domestic violence, one girl's partner shouted at her and she felt unsafe, so she left with her baby who was very young. She said she'd done this because of the discussion we had. She managed to get emergency housing in a hostel, then got housing in Haringey - she told the housing officer that she needed to stay in Haringey because she had to be with her Family Nurse.

Is there anything you're particularly proud of?

Yes, a girl who smoked heavily and didn't eat properly, just coffee and the occasional takeaway. She wouldn't go out. Now, she goes out with her baby, plays with him, encourages him, eats properly and doesn't smoke. She's really committed to her child and the activities we do. I'm in awe of her as an individual - it's a privilege and an honour to work with her, she inspires me!

Do you have any tips for coping with the emotional highs and lows of the job?

Take time out to reflect - on your own, in one-to-one Supervision and during psychology supervision. Being available to colleagues is important, and having them be available to you. Be open, and have compassion for yourself.

What are the very best bits about being a Family Nurse?

The clients - the relationship with clients. Making a difference.

Could you give me some words or phrases to describe what it's like to be a Family Nurse?

It's a rewarding experience, inspiring, sometimes overwhelming.

What would you like your next job to be?

I'm happy where I am. I'm still learning. I can't see myself going back to health visiting, because it doesn't allow you enough time. I have thought about maybe becoming a foster mother to a teenage mother.



Judith Wright
Supervisor, Stevenage

How long have you been a Supervisor? Since August 2011.

What was your last job, before becoming a Family Nurse?

For three days a week, I was a team leader in Health Visiting and School Nursing. For the other two days, I was a Safeguarding Children's Nurse.

How is this job different from any you've had before?

It's more intensive. The Family Nurse role has a wide span - antenatal until the child is two. It's essentially a therapeutic relationship. There's lots of training and resources. The Supervisor role is different from being a team leader. The team is smaller, but you're the budget-holder and the manager. It combines the supervisor and line manager role. As a Supervisor, you have a restorative as well as a safeguarding and clinical role. You also have a senior management role for your organisation, outside the Programme. It's a very challenging, really positive role, and I'm very happy with it. We're very well trained and supported locally and nationally.

Could you talk me through a typical working day?

What is a typical day? I start at 8:00 when I have Supervision with one of the Family Nurses. Then, usually, a home visit to a client, then perhaps I'll meet the teenage pregnancy midwife for referrals. There might be an organisational meeting in the afternoon, like a taskforce group meeting for EIS. At the end of the day, I often have another Supervision session with a Family Nurse. It's a real juggle and mix of activities at different levels. The clients bring you down to earth!

What do you do when you visit your clients?

It's a very structured Programme but you can be flexible in your approach. The girls vary - some like pieces of paper, others don't, some are really put off by too much paper. Some like being at home, others in the community. We have to match our clients with the Programme and have lots of resources, like models and DVDs.

What sort of challenges do your clients face, and what sorts of things do you do to help them?

Housing is the biggest one. We help them access housing - we facilitate meetings,

take them to places in our cars. They also need our help in accessing benefits, and with relationships and coping with domestic abuse. We support them through any safeguarding issues. They often have low self esteem so we work with them on confidence-building. We have materials we can use to help, for example communication skills and using SMART choices, and we liaise with the local children centres to benefit from their services and support.

Are there special qualities you need to do this job?

You need to be very emotionally stable, and to have broad shoulders, empathy and confidence in boundary-setting. You have to be emotionally available, but able to shut off. Communication skills are important - you have to be a good listener, with the ability to follow the client's agenda rather than lead.

Will it be difficult to say goodbye to your clients at the end of two and a half years?

Definitely, you form such strong attachments. We've already got this in mind and are preparing our clients - the FNP is very mindful of this.

Are there any touching or awe-inspiring moments in your job?

Yes, the comments and texts that come back from clients can be really touching. One girl had to move to a new area, and texted me about her new apartment, to say 'I am so happy'. It was nice to think I'd meant something, I'd made a difference. We call things like this 'fuzzy moments', and come together as a team to share them.

Is there anything you're particularly proud of?

Yes, when we've had young girls with child protection plans, whose babies could have been taken away, but they've successfully fought to keep them. We had one girl we thought would never do it, but she breast fed her baby for three months and had the plan discontinued when the baby was five months because she parented so well.

Do you have any tips for coping with the emotional highs and lows of the job?

We share a lot, we keep coming together as a team, including our administrator- we're very mutually supportive. We use the psychologist, too, and have a very positive named nurse who works with the team on safeguarding. There are pressures and challenges when working with such a vulnerable group.

What are the very best bits about being a Supervisor in the FNP?

Still having the clinical aspect, the client base but also being a leader and manager. The training and support from the National Unit is excellent. Having the resources to deliver the Programme and its fidelity goals.

Could you give me some words or phrases to describe what it's like to be Supervisor in the FNP?

Empowering, hard work, rewarding, challenging. I feel privileged.

What would you like your next job to be?

I'm very happy where I am at the moment! I'd like to progress within the FNP if possible, eg maybe as a regional lead.



Kerris Percival
Supervisor, Sandwell

How long have you been a Supervisor?

Three years.

What was your last job, before becoming a Supervisor?

I was a team leader in Health Visiting.

How is this job different from any you've had before?

You develop a better relationship with your clients. There's much more supervision than we've encountered in previous roles - eg the midwives in my team only had to have supervision once a year. As a Supervisor, there isn't anyone else nearby doing the same role as me, I'm the only one, unlike in my previous job.

Could you talk me through a typical working day?

First thing, I usually do Supervision for an hour. There's paperwork to be done before and after this. Then, I might have a client visit, and in the afternoon a management or organisational meeting. We might also have a team meeting with a case discussion. You need to be versatile and wear lots of different hats during the day.

What do you do when you visit your clients?

We follow a structured format for each visit. We talk about the client's personal health and the health of the child, and their housing and environment - things like broken lifts and drug users. We also talk about their aspirations for the future and education. Self esteem and relationships are important topics to talk about, because the girls have no positive role models. We use our communication skills and the materials we have, to help the girl form attachments to the baby - from early pregnancy onwards.

What sort of challenges do your clients face, and what sorts of things do you do to help them?

Housing and relationships, as described above. Some of the girls have such low self worth that they think they deserve it if they're facing domestic abuse. They also get exploited sexually - they'll have sex very readily. We have good links with the police and try to focus on keeping themselves and their baby safe. Drug use is an issue so

we have good links with drugs agencies. Their literacy levels are often quite low, and their emotional intelligence is low. We value the mother and child equally, but we do more work with the mother than the baby.

Are there special qualities you need to do this job?

You need resilience and curiosity, you become a bit of a stalker! Adaptability and flexibility are important. You have to be empathetic and non-judgmental about the things they tell you - they tell you things because they've never had a long relationship with anyone before, they might have had five or six social workers in as many months. You need the ability to step out of the box and out of your comfort zone.

Is it difficult to say goodbye to your clients at the end of two and a half years?

Yes, it is - there's a severe cut-off when the child reaches two. You have to stop, the FNP is quite clear about this. It's hard to prepare clients - some are happy about it, others maintain contact and want us to respond.

Are there any touching or awe-inspiring moments in your job?

Yes, the girls are just awesome!

Is there anything you're particularly proud of?

We had one girl who had such a chaotic lifestyle, they wanted to remove her baby at birth. She wouldn't leave hospital until they'd found her somewhere to go with the baby. She was smoking 64 cigarettes a day and is now down to 15 - she has much more money for things because she's no longer spending so much on cigarettes and alcohol. The care order is to be revoked - she's made such great strides.

Do you have any tips for coping with the emotional highs and lows of the job?

We have a good, strong team, and we can all talk freely. Regular psychology support helps us reach a solution. We have Supervisor buddies to run things past, and I can offload to my line manager. You have to accept you can't do everything - you can't provide everything for the girls.

What are the very best bits about being a Supervisor in the FNP?

The camaraderie - the whole FNP, the National Unit, the other waves, the team. Seeing clients is a bonus - as a team leader in Health Visiting, I didn't have my own caseload. Being a member of the team as well as the Supervisor.

Could you give me some words or phrases to describe what it's like to be Supervisor in the FNP?

Challenging, inspiring, overcoming adversity. You need resilience. Learning things constantly. It's a mutual partnership - you decide together what to do.

What would you like your next job to be?

I don't have any plans for my next job.



Laura Pickering
Supervisor, Hull

How long have you been a Supervisor?

I joined as a Family Nurse in January 2009, and became a Supervisor in April 2011.

What was your last job, before becoming a Family Nurse?

I worked as a Health Visitor in universal services.

How is this job different from any you've had before?

There are definite differences around the structure of the Programme, the licence, the consistency of the model. There's a clear structure for the team and supervision, with support from a linked psychologist and the FNP National Unit. We're very protected in the clinical sense: the role can't be changed, it's very clear, we can't get pulled into other things. There are subtle differences, too. The family focus feels different, and the approaches and relationships with clients.

Could you talk me through a typical working day?

It is generally a mix of giving supervision, working with clients and management meetings, usually outside the Programme, such as with Health Visiting, Safeguarding, and as a Public Health. The non-FNP element of my role can be the most tricky - in terms of determining how much I am expected to be involved in. Typically first thing in the morning will be Supervision; the middle of the day is usually meetings of one sort or another; and later in the day I am usually doing visits with clients. Unless it's a team meeting day - then it'll be a couple of hours about what's happening, planning, and presentations. I don't do Supervision sessions on team meeting day.

What do you do when you visit your clients?

There's a structure and pattern to visits. We catch up, give any feedback (eg about referrals and things we've found out about for the client), look at what's planned for the session. Then there is the content of the session which might be activities focused around behavioural change, the child's development, and role playing (such as a job interview). This middle bit is usually very interactive, with the PIPE curriculum usually featuring a doll, or using other resources; practical things around

childbirth, smoking, diet etc. Then there's usually a recap and summary, then a discussion about the next session.

What sort of challenges do your clients face, and what sorts of things do you do to help them?

Currently housing is a very common problem. They often don't have a fixed place to live, so they're sleeping on a sofa at their boyfriend's parents' place, or moving around. For the younger ones at school, fitting in full time education and doing GCSEs with a baby is hugely challenging. We're there to act as a guide, to help them access services, and consider their options. Sometimes this involves practical things such as looking at forms together or going along with them to meetings. Other times it involves more emotional support, helping them think through the benefits and drawbacks of different choices they face.

Are there special qualities you need to do this job?

Enthusiasm, glass half full, tenacity, creativity (to think of different ways of doing things), warmth, resilience, a sense of humour. As a Supervisor, it's the same in many ways, because we're all here for the clients. I'd never been attracted by management posts before, but the FNP offers a combination of managerial and clinical roles, as well as being part of the team. This can be challenging, wearing all the hats.

Is it difficult to say goodbye to your clients at the end of two and a half years?

I've had some clients graduating when their child reaches two, and others transferring to other Family Nurses when I made the transition to my new role - so I still hear about those. It can be more challenging for some than others. We are prepared well, though, and we're working with the clients from the time the child is 18 months old.

Are there any touching or awe-inspiring moments in your job?

Yes, lots of them!

Is there anything you're particularly proud of?

We recently had a client involved in the interview process for two new Family Nurses. She was in the office with us, giving feedback, for three full days of interviews. We were really tired, but she said she'd never felt so refreshed!

Do you have any tips for coping with the emotional highs and lows of the job?

The team is an amazing resource - when something's happening that's particularly tricky, the team are fantastic at looking out for each other. We need to be clear about boundaries, with colleagues and clients, but it can be hard to switch off. I'm feeling very supported by the National Unit, too.

What are the very best bits about being a Supervisor in the FNP?

The clients! It's an amazing privilege to work alongside them - young people can make huge transformations and take huge steps. Their babies, too, that's a really special thing as well, you get to know them.

Could you give me some words or phrases to describe what it's like to be a Supervisor in the FNP?

A rollercoaster. It's exciting, exhilarating, rewarding - then the next minute you can feel like you're out of your depth - then someone or something happens which may surprises you and things fall into place. It's challenging, but a very special job.

What would you like your next job to be?

I'd never planned to be a Supervisor, so I've already surprised myself. If anything, longer term I'd like to support the FNP in the bigger picture of helping other, newer sites - but I want to consolidate my learning in the Supervisor role first.



Renée De La Haye
Family Nurse, Tower Hamlets

How long have you been a Family Nurse?

Since February 2009.

What was your last job, before becoming a Family Nurse?

I worked as a Health Visitor within Surestart.

How is this job different from any you've had before?

The role's different, because it's purely home visiting, with no clinics or groups. It's very structured work - a clear approach, tools, training, a schedule for visits. The expectations are very clear, and the activity/fidelity measures are very precise and comprehensive.

Could you talk me through a typical working day?

I usually arrive around 8:30 to 9:00, and prepare the packs for my visits later on. Then I do my paperwork from the previous day, if I haven't managed to do it the day before. At around 11 o'clock I usually have my first visit - the girls mostly won't see you before that time, so you have to fit around their schedules. I typically do three or four visits a day, each one lasting an hour or an hour and a half. At the end of the day, I come back and do my paperwork. There are electronic and paper records, it takes about half an hour per visit. Once a week - on Monday morning - we have a team meeting and skills practice. We have Supervision once a week and psychology supervision every six weeks. We also have to fit in social care meetings and case conferences, and training.

What do you do when you visit your clients?

I always start by finding out what's been happening with the family, then move on to the menu for the day. There's a scheduled programme and a plan for each visit, using materials and activities. We only include everything if the client can cope, though - sometimes they feel overwhelmed. I try to weave the materials into what's been going on in their lives.

What sort of challenges do your clients face, and what sorts of things do you do to help them?

They have all sorts of challenges. Housing, family break-ups, relationships with their

family and boyfriends, drug and alcohol abuse, domestic violence, depression and self-harming. They might be sofa-surfing because they have nowhere to live. We try to help clients to talk about their experiences and think things through - they don't want their children to replicate these experiences. Lots of clients won't access mainstream services, but they will talk to their Family Nurse. In some situations you can feel quite vulnerable - like being in a house where there are arguments going on, and you're trying to contain them.

Are there special qualities you need to do this job?

You need patience, understanding, tolerance, reliability, structure, containment, resilience, tenacity - we need to model what we'd like our clients to achieve.

Is it difficult to say goodbye to your clients at the end of two and a half years?

Yes, it's very difficult. It's hard for the clients and for us, especially if there's a big crisis going on. Sometimes they cut us off and won't see us towards the end. It's hard not to see clients after the end, although we sometimes get texts from them.

Are there any touching or awe-inspiring moments in your job?

Yes, it's a great inspiration when you see girls achieving goals, like getting a job.

Is there anything you're particularly proud of?

One of my girls has just got high A Level grades and is going to university - and the baby's dad has gone back to university, too. They're on a good path.

Do you have any tips for coping with the emotional highs and lows of the job?

I'd say, trust the Programme. Do the best you can, clients will benefit even if in a small way. We have a very strong team which really helps us to manage.

What are the very best bits about being a Family Nurse?

The relationships with the girls. These develop over time, and you become very fond of them. Also, the fun you have with the babies and toddlers - they're pleased to see you and start calling you by your name. The work is hard but very rewarding. You feel quite privileged to be able to do it, with all the training and support.

Could you give me some words or phrases to describe what it's like to be a Family Nurse?

Emotional - a bit of a rollercoaster - inspirational, motivating, rewarding. There's lots of personal growth, you're learning all the time.

What would you like your next job to be?

I'd prefer to stay with this work, although I don't see myself as a Supervisor. Longer term I'm very interested in case work, counselling and art psychotherapy - maybe CAMHS. I wouldn't want to go back into health visiting unless I could do lots of group work.



Sara Earlle
Supervisor, Islington

How long have you been a Supervisor? For four years.

What was your last job, before becoming a Family Nurse?

I was the health lead and deputy manager at a Surestart Children's Centre.

How is this job different from any you've had before?

In so many ways! It's the hardest job I've ever loved. It's challenging on a professional and personal level - it asks so much of you. You become very reflective and really evolve and develop personally and professionally. As a Supervisor, I really enjoy the management parts of the job but also appreciate being able to do the clinical side, too. There are different aspects to the Supervisor role: clinical, supervisory (which is supportive and reflective), managerial (which is more directive) and strategic. The organisation asks a lot of us, such as training sessions with Health Visitors and presentations across health, social care and other agencies we work with.

Could you talk me through a typical working day?

Every morning I have a Supervision session with one Family Nurse. After that, I might have a client visit. I often have new referrals to manage, and there's always paperwork and follow-up work for clients, like finding a counsellor for someone or completing other referrals. I will review data and fidelity and provide reports and feedback to my manager. I might have to cover for absent colleagues - go to a strategy meeting, perhaps. There is often planning to complete for the team's learning, and arranging our weekly team meetings.

What do you do when you visit your clients?

Supervisors have their own clients (I currently have four, my aim is to have five) and we do exactly the same as the Family Nurses. The visits last for about an hour and a half. We start with agenda-matching, there's time for the client to tell you what's been going on for her and her baby. We use the facilitators (tools, materials) for that visit, and there's usually a child-centred activity using PIPE.

What sort of challenges do your clients face, and what sorts of things do you do to help them?

It's so varied. There are extremes - some have been trafficked for the sex industry. Some girls have been looked after by the local authority, or are still being looked after. Some have left their family homes due to conflict or their mothers have died, or been absent due to drug and alcohol abuse. The mothers and fathers are sometimes involved with the criminal justice system - there's a high level of criminality within the caseloads. Domestic violence is common, both, within the young parents' own relationships, and for them historically within in their own families. The girls are sometimes involved with gangs, and typically they have a very poor history of working with health and social care professionals. On paper, the families' situations and histories can look shocking, but in practice the young people can be inspirational; how they have coped previously and how they want to create a different experience for their own children. I may sign-post and support them to access other specialist services. Initially, for a lot of our young clients, having a consistent person in their life is a new experience and not always easy for them. Being available to them in our professional capacity - the listening and guiding - is the start for them to begin to identify how they want their lives and that of their babies to be different. Recognising they have the skills and abilities to make the changes can, for some parents, be a long process.

Are there special qualities you need to do this job?

You need to be deeply self-reflective yet with an ability to step aside from yourself - the job asks so much of you - and really empathetic. Tenacity is important because you can get knocked back a lot. Thick skinned, with a sense of humour. Tough but with a soft centre! Teamworking skills are important, too, because we all support each other so much. You need to be genuine in your interactions with young people, and in order to continue to do the job you do need to see the benefit to young people of receiving the FNP Programme.

Is it difficult to say goodbye to your clients at the end of two and a half years?

Initially it was very hard - the first few are very hard for everybody. You can get very attached and enjoy working with them. Sometimes, you can be really worried about them and their future, you can't see enough of a difference after your time of working with them, and you'd like another year. You sometimes think, will any other services be able to offer them what they need? You have to step back and reflect on the seeds sown, from two and a half years of getting the FNP Programme, and the resilience that this may have given them.

Are there any touching or awe-inspiring moments in your job?

So many clients are inspiring. We had one girl who was trafficked into the country and kept prisoner as a servant until she managed to escape. Her unborn baby had a CPP (child protection plan). English wasn't her first language, so the Programme was delivered through an interpreter. She developed a really good relationship with her Family Nurse and the interpreter. She did so well - the baby thrived and came off the CPP, she learnt English and after a while no longer needed an interpreter. She went to college and has gone on to study nursing!

Is there anything you're particularly proud of?

Yes, the fact that I'm still here! I'm proud of my personal achievement around management. At first I struggled with boundaries and the dynamics of the team were problematic. I had to learn a lot about the management role - it's not about friendship, but your team gaining respect for you and being 'friendly'.

Do you have any tips for coping with the emotional highs and lows of the job?

Pinot Grigio - but not too much! It's important for me to compartmentalise, switch off, so I don't get burnt out. You need a life, and support from outside the FNP team. Things that normalise and enrich you personally are essential.

What are the very best bits about being a Supervisor in the FNP?

I feel very proud of my nurses and the high calibre of skills they have. Clients - the relationship with clients. I enjoy it so much, seeing them develop with their babies, seeing them beaming love at each other. It's such a positive Programme, genuinely, from the top down. It's a valued and respected Programme.

Could you give me some words or phrases to describe what it's like to be Supervisor in the FNP?

It is challenging, inspiring, exhausting, rewarding, changing and evolving and at times great fun.

What would you like your next job to be?

I don't really know, although I do think about it from time to time. For now, this is where I am. I did consider applying for an FNP training post but decided that it was not for me. I can't see another job in the NHS that would compare. For the foreseeable future, I'm here!